DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD BYLAWS

ARTICLE I
Name, Purpose, and Membership

1. The name of the organization is the District of Columbia Health Information Exchange (HIE) Policy Board (hereinafter referred to as the "Board"). The Board is the governing body assembled in response to the District of Columbia Mayor's Order 2016-035 regarding Establishment of a Health Information Exchange Policy Board.

2. The purpose, functions and membership of the Board shall be as designated by virtue of the authority vested by the Mayor of the District of Columbia by section 422 (11) of the District of Columbia Home Rule Act, approved December 24, 1973 (Pub. L. 93-198, 87 Stat. 790; D.C. Official Code §1-204.22(11) (2014 Repl.)).

    a. The purpose of the Board is to advise the Mayor and the Directors of the Department of Health Care Finance, Department of Health, Department of Behavioral Health, Department of Human Services, and the Office of the Chief Technology Officer regarding the enhancement and sustainability of secure, protected health information exchange among health providers and other authorized entities.

    b. The functions of the Board shall consist of the following:

        i. Make recommendations regarding the development of policies essential to the broad implementation of the secure and protected exchange of health information among health providers and other authorized entities;
        ii. Make recommendations on the Health Information Exchange (**"HIE"**) efforts available and/or underway within the District (or surrounding regions), under the direction and supervision of the Department of Health Care Finance;
        iii. Make recommendations to the Mayor and the Department of Health Care Finance regarding improving HIE, including its operations, vision, mission, geographic scope, and functional scope; and
        iv. Make recommendations regarding applicable accountability mechanism(s), governance structure(s), and/or fiscal sustainability for HIE in the District and strategies to coordinate HIE activities among key stakeholders across state, regional, and local levels.

3. The Board shall be composed of twenty-two (22) members, who shall be appointed by the Mayor. These members shall consist of the following:

    a. Fifteen (15) public members, who are also voting members:

        i. One (1) representative from the District of Columbia Primary Care Association;
        ii. One (1) representative from the District of Columbia Medical Society;
        iii. One (1) representative from the District of Columbia Nurses Association;
        iv. One (1) representative from the District of Columbia Hospital Association;
        v. One (1) representative from a health plan;
        vi. Four (4) representatives from the public who are either a representative of, or advocates for, beneficiaries, that are not currently employed by an organization that directly provides health care services;
        vii. Five (5) ~~*medical providers who provide*~~ health care providers who engage in direct primary care or specialty care services, or ~~*individuals*~~ those who work for a provider organization that provides primary care and/or specialty care services; and
        viii. One (1) individual with health care or information technology experience.

    b. Six (6) District government employees, all of whom shall be *ex officio* voting members:

        i. Two (2) employees of the Department of Health Care Finance;
        ii. One (1) employee of the Department of Health;
        iii. One (1) employee of the Department of Human Services;
        iv. One (1) employee of the Office of the Chief Technology Officer; and
        v. One (1) employee of the Department of Behavioral Health.

    c. One (1) employee of the Office of the Deputy Mayor for Health and Human Services, who shall serve as an *ex officio*, non-voting member.

ARTICLE II
Membership Terms

1. Public members appointed to the Board shall serve for a term of three (3) years (except as provided in subsection 2 of this section or pursuant to the Board's Conflict of Interest Policies and Procedures detailed in Article IX). The date on which the first Board members are sworn-in shall become the anniversary date for all subsequent appointments. After the 3-year term ends, public members shall be re-appointed by the Mayor.
2. ~~*Members shall be appointed to fill unexpired terms as vacancies occur. A member appointed to fill a vacancy in an unexpired term shall be appointed for the remainder of the unexpired term.*~~ No public member shall serve more than two consecutive three-year terms. Board representatives

from the following associations may be exempt from this requirement in the event that a vacancy cannot be filled due to residency requirements: District of Columbia Primary Care Association, DC Medical Society, District of Columbia Nurses Association, and District of Columbia Hospital Association

3. Members shall be appointed to fill unexpired terms as vacancies occur. A member appointed to fill a vacancy in an unexpired term shall be appointed for the remainder of the unexpired term.
4. District government officials shall serve only while employed in their official positions and shall serve at the pleasure of the Mayor.

ARTICLE III
Board Organization

1. The Board shall be chaired by one (1) of the two (2) *ex officio* voting member employees of the Department of Health Care Finance, who shall be appointed by, and serve at the pleasure of, the Mayor.
2. The Board shall establish subcommittees which may include persons who are not members of the Board, provided that each subcommittee shall be chaired by a member of the Board.
3. ***NEW*** Outgoing Board members who have made significant contributions to the work of the DC HIE Policy Board may be designated as *Board Member Emeritus*. *Emeritus* members shall serve as non-voting, public members.

ARTICLE IV
Officer Elections

1. The officers of the Board shall consist of a Chair (as established by Article III, Subsection 1) and Vice-Chair.
2. The Vice-Chair shall be elected by members of the Board and shall serve in such capacity based on the membership terms stipulated by Article II.
3. ***NEW*** The Board shall conduct a Vice-Chair election every three (3) years at its January meeting. A Vice-Chair may not serve more than two consecutive three-year terms. In the event a Vice-Chair cannot fill their term of office, a new Vice-Chair shall be appointed based on the terms stipulated by Article II.

ARTICLE V
Officer Responsibilities

1. The Board Chair shall be responsible for the creation of the meeting agenda and preside at all meetings of the Board.
2. The Board Chair shall sign all correspondence necessary to carry out the purpose and functions of the Board.

3. The Board Vice-Chair, in the absence or disability of the Board Chair, shall preside at all meetings of the Board, and shall possess the same powers and discharge all the duties of the Board Chair until they return, or a new Board Chair is designated by the Department of Health Care Finance.

ARTICLE VI
Subcommittees

1. The majority of the Board shall vote on the establishment of each subcommittee.
2. For each subcommittee created, the Board shall determine the length of time and frequency with which each subcommittee is to meet.
3. At least a week before the next scheduled Board meeting, the subcommittee Chair shall work with staff from the Department of Health Care Finance to submit a written report to the Board Chair that describes the discussions of the subcommittee that they preside over. Reports may include specific motions or recommendations to be acted upon by the Board.
4. Subcommittees shall take no action that goes beyond assigned fact finding and the preparation of reports and recommendations to the full Board.
5. All subcommittee reports shall be made a matter of public record.

ARTICLE VII
Meetings

1. The Board shall establish its own meeting schedule but should convene no fewer than once each calendar quarter.
2. The Board shall utilize telephone conferencing or video-conferencing technologies in satisfaction of the meeting requirements pursuant to the requirements set forth in D.C. Official Code § 2-577 (2012).
3. The Board shall follow Robert's Rules of Order for the purpose of conducting orderly meetings and business, except as otherwise prescribed herein.
4. At all regular or special meetings of the Board, a majority of the duly appointed non-governmental members, through physical presence or through telephone conferencing or video-conferencing pursuant to the requirements set forth in D.C. Official Code § 2-577, shall constitute a quorum for the transaction of business. Any action(s) taken at such meetings in which a quorum is present shall be the act of the Board.
5. All meetings shall be open to the public, except that a majority of the Board may vote in favor of a closed meeting pursuant to the requirements set forth in D.C. Official Code § 2-575, where the attendance shall be limited to members of the Board.
6. Special meetings of the Board shall be called by the Board Chair or by written request to the Board Chair by a majority of Board members.

7. Written notices of all regular or special meetings of the Board shall be given to each Board member at least five (5) business days before the date of the meeting and pursuant to the requirements set forth in D.C. Official Code § 2-576.
8. Board members are expected to attend all regularly scheduled or special meetings. The Board Chair may excuse a board member from attending regularly scheduled or special meetings for emergency or other approved reasons.
9. Board members who fail to attend, either in-person or by telephone, two (2) or more consecutive regularly scheduled or special meetings without good reason shall be deemed voluntarily resigned from the Board. ~~*Consequently, they shall contact the Director of the Mayor's Office of Talent and Appointments, in consultation with the Board Chair, for the purpose of submitting an official letter of resignation that will be considered effective immediately.*~~ Non-participating members shall be notified in writing of their status by the Board Chair. Board members shall contact the Director of the Mayor's Office of Talent and Appointments, in consultation with the Board Chair, for the purpose of submitting an official letter of resignation that will be considered effective immediately. The Board Chair, in consultation with the Director of the Department of Health Care Finance, will report the resignation and vacancy to the Director of the Mayor's Office of Talent and Appointments.
10. Staff from the Department of Health Care Finance shall be in attendance at all meetings to provide administrative, clerical, and/or technical support to the extent that funds are available.

ARTICLE VIII
Agenda, Order of Business, and Voting

1. Agendas for all meetings of the Board are prepared by the Board Chair, taking into consideration the recommendations of the Board Vice-Chair and Chairs of the subcommittees. In the absence or disability of the Board Chair, the Vice-Chair shall prepare the agendas for all meetings of the Board.
2. All meetings of the Board shall follow the following order of business on the Agenda:
    ~~*i. Call to Order*~~
    ~~*ii. Announcement of a Quorum Present*~~
    ~~*iii. Approval of Minutes of the Previous Meeting(s)*~~
    ~~*iv. Topics for Discussion [presented in the order in which they appear on the meeting agenda]*~~
    i. Call to Order
    ii. Topics for Discussion [presented in the order in which they appear on the meeting agenda]
    iii. Announcement of a Quorum Present, if applicable
    iv. Approval of Minutes of the Previous Meeting(s), if applicable
    v. Next Steps
    vi. Adjournment

3. The order of business on the Agenda for special Board meetings may vary dependent on topic(s) to be discussed.

4. When voting, the Board shall follow the following procedure:

    i. Each member of the Board shall have one vote;
    ii. In order for an item to be voted on by the Board, the vote shall be held at a meeting of the Board with a quorum present;
    iii. In order for an item to be passed, a majority of the votes cast on a matter shall be an affirmative vote in support of the matter that is being voted upon; and
    iv. In the event that a member of the Board is participating in the meeting through an approved electronic mode, the member shall be allowed to vote by such electronic mode.

5. The official vote on all decisions shall be documented in the Board's official meeting minutes. The meeting minutes of the meeting shall reflect the method each vote was cast and result of all votes, including a record of the vote of each member of the Board. No votes shall be taken by secret or written ballot.

ARTICLE IX
Reports to the Board Chair

1. The Chair of each established subcommittees shall file a written report with the Board Chair of each subcommittee meeting. Reports may include specific motions or recommendations to be acted upon by the Board.
2. An annual report outlining the Board activities shall be submitted to the Director of the Department of Health Care Finance through the Board Chair.

ARTICLE X
Compensation

1. Members of the Board and subcommittees shall serve without compensation. Reasonable expenses of the Board shall be reimbursed, when approved in advance by the Director of Department of Health Care Finance, or their designee, subject to the availability of appropriations for that purpose, and shall become obligations against funds designated for that purpose, when sufficient budget authority exists to allow reimbursement.

ARTICLE XI
Administration

1. As stipulated in Article VII, the Department of Health Care Finance shall provide administrative, clerical, and technical support to the Board to the extent that funds are available through appropriation.

2. Staff from the Department of Health Care Finance shall be responsible for recording accurate and detailed minutes of Board meetings.
3. Staff from the Department of Health Care Finance shall keep or cause to be kept on file, all correspondence and official papers of the Board including the minutes thereof. Copies of records shall be made available for public inspection pursuant to the requirements set forth in D.C. Official Code § 2-578.

ARTICLE XII
Approval or Amendment of Bylaws

1. The foregoing Bylaws shall become effective upon an affirmative vote of two-thirds (2/3) of the Board membership, subject to the approval of the Mayor, or their designee.
2. These Bylaws may be altered, amended or repealed, in whole or in part, by the affirmative vote of two-thirds (2/3) of the Board membership at a regular or special meeting and subject to the approval of the Mayor, or their designee. Notice of such alterations, amendments, or repeal and the nature thereof shall have been given to the members of the Board at least two (2) weeks prior to the date of the meeting at which such alterations, amendments, or repeal is to be presented for consideration.

ARTICLE XIII
Code of Conduct

1. All Board members shall comply with the most current "Code of Conduct" provisions contained in the following:

    a. The Code of Official Conduct of the Council of the District of Columbia, as adopted by the Council;
    b. Sections 1801 through 1802 of the Merit Personnel Act;
    c. Section 2 of the Official Correspondence Regulations, effective April 7, 1977 (D.C. Law 1-118; D.C. Official Code § 2-701 *et seq*.);
    d. Section 415 of the Procurement Practices Reform Act of 2010, effective April 8, 2011 (D.C. Law 18-371; D.C. Official Code § 2-354.16);
    e. Chapter 18 of Title 6B of the District of Columbia Municipal Regulations (Responsibilities of Employees);
    f. Conflict of Interest Provisions of the Ethics Act;
    g. Local Hatch Act; and
    h. Donations Act.

2. All Board and *Board subcommittee members* shall make a reasonable attempt to contact and discuss any potential issue(s) with District policies and/or initiatives with the Board Chair before making a public comment, which includes print and/or social media.

3. No member shall represent the Board, *its subcommittees, or the work of the District of Columbia Health Information Exchange* without prior approval from the Director of the Department of Health Care Finance and/or the Board Chair. In general, only the Board Chair speaks on behalf of the board *and its subcommittees*; however, on occasion, a Chairperson of a Board's standing and/or ad hoc group, such as a subcommittee, may issue a statement with an appropriate disclaimer. The Board shall approve the disclaimer itself in consultation with the Director of the Department of Health Care Finance prior to public release of the accompanying statement. The disclaimer should clearly state that the opinions expressed do not represent those of the Board. *This section applies to any public statements, presentations, or any public communications regarding the Board, its subcommittees, or the work of the District of Columbia Health Information Exchange*.

ARTICLE XIV
Conflict of Interest Policy and Procedures

1. Pursuant to Section XIII of the District of Columbia Mayor's Order 2016-035, the Board shall develop and publish procedures to guard against conflicts of interest for its members.
2. Members of the Board shall protect the needs of the District and ensure transparency around business, financial, and/or personal interests that may lead to direct, unique, pecuniary, or personal benefit. The Board shall consider actual or potential conflicts before discussing and/or voting on potential initiatives that might benefit, directly or indirectly, the private interest of a member.

    a. Each Board member shall sign a conflict of interest disclosure form that discloses all material facts relating to any actual or potential conflicts of interest during specific of their term that include, but are not limited to, the following:

        i. Initially, upon joining the Board;
        ii. Annually, *prior to the January Board meeting*, thereafter;
        iii. Prior to any new business transactions with actual or potential conflict of interest; and
        iv. Immediately upon becoming aware of an actual or potential conflict of interest.

    b. Members will submit their signed conflict of interest disclosure forms to the Board Chair, or their designee.
    c. The Board Chair shall review all declarations of conflict of interest and take one of the following courses of action:

i. Instruct the member to recuse themselves from voting on a matter in which they have a verified conflict;
ii. Instruct the member to recuse themselves from discussing a matter in which they have a verified conflict of interest;
iii. Instruct the member to disclose their conflict to the full Board; or
iv. Request the member to resign their current position on the Board and/or remove their name from consideration for a Board position if it is determined that a conflict(s) may prevent meaningful participation on the Board (See Article XV for Procedures).

d. Prior to their term commencing, the following interest(s) shall be declared on the conflict of interest disclosure form if either a Board member, or their relative(s) (i.e., spouse, domestic partner, children or sibling):

i. Directly or indirectly enters into, or seeks to enter into, a Business Transaction with a for-profit company that sells products or services related to health information exchange;
ii. Serves as an unpaid officer, director or advisor to a for-profit entity that sells technology or services related to health information exchange;
iii. Directly or indirectly enters into, or seeks to enter into, a business transaction (excluding Medicaid reimbursement) with the Department of Health Care Finance;
iv. Has material ownership, financial or investment interest in a for-profit entity that sells technology related to health information exchange; or
v. Receives, or potentially receives, material consideration from a person or organization which enters into, or which seeks to enter into, a business transaction with a for-profit company that sells products or services related to health information exchange.

e. The Board Chair shall report back all of their findings to the rest of the Board during a regular meeting or special meeting; all minutes of Board meetings shall capture these results and how the conflict was managed.
f. The Board Chair may choose at their discretion to refer conflict of interest issues to the DC Board of Ethics and Government Accountability.
g. The following interest(s) may preclude a potential applicant from participating in this Board:

i. Serve as an employee, consultant or contractor, or as a paid officer, director or advisor of a for-profit entity that sells technology related to health information exchange;

h. A Board member shall inform the Board Chair immediately if they believe another member has failed to disclose actual or potential conflict of interest(s).

    i. The Board Chair shall afford the accused member the opportunity to explain the failure to disclose before any further actions are taken.
    ii. If a breach is determined to have occurred, the matter shall be immediately referred to the Mayor's Office of Talent and Appointments and the Board of Ethics and Government Accountability for corrective action.

i. The above policies do not replace any relevant Federal or District laws regarding conflict of interest currently in place.

ARTICLE XV
Bylaws Violation and Arbitration Procedures

1. The Board Chair shall determine if any Articles associated with these bylaws have been violated.
2. In the event a violation has taken place, the Board Chair shall submit a written report to the Mayor's Office of Talents and Appointments for review. Conferring with the Board Chair, the Mayor's office will determine the severity of the violation and the appropriate ramification of those actions, which could include removal of the associated Board member from their position on the Board.
3. Board members may request an arbitrator within 3 business days of receiving a final decision from the Mayor's Office. Arbitration will be provided by the Board of Ethics and Government Accountability Office.

Approved:

_____ _____

Deniz Soyer, DC HIE Policy Board Chair Date

Subcommittee: HIE Operations, Compliance, and Efficiency

Chairs: Ms. Gayle Hurt

Date: April 27, 2023

Status: Draft

District of Columbia Health Information Exchange Policy Board

Recommendation on Best Practices for the Secure Access, Use, and Disclosure of Health Information

I. SUMMARY

HIE Policy Board Operations, Compliance, and Efficiency subcommittee proposes the publication of best practices for the secure access, use, and disclosure of health information. This listing is in response to § 8711.8 of the HIE final rule and span five (5) overarching categories, including:

1. Privacy & Security
2. Identity & Access Management
3. Data Use & Exchange
4. Audits
5. Organizational & Governance Considerations

The best practices aim to encourage the use of national and industry-recognized standards for HIE tools and initiatives. These best practices were adapted from existing criteria from industry-recognized accreditation and frameworks and were developed in conjunction with registered and designated entities.

II. PROBLEM STATEMENT

The HIE Final Rule identifies in §8700.3 that "*DHCF shall provide ongoing monitoring to ensure compliance with criteria for registration and designation of HIE entities.*" Similarly, § 8711.8 of the HIE final rule outlines that "*DHCF shall publish and maintain guidance on nationally recognized standards for the secure access, use, and disclosure of health information on the DHCF website at www.dhcf.dc.gov*." In support of this, the Operations, Compliance, and Efficiency (OCE) subcommittee initially considered two simultaneous activities – (1) Developing monitoring and compliance plans for registered and designated entities, and (2) Creating a list of best practices that align with national standards and other industry trends. In this process, the subcommittee chose to first conduct research to establish best practices, which would then inform the development of Monitoring and Compliance plans for DC HIE entities. The subcommittee also researched several industry standard accreditations and certifications. However, many members indicated that while organizations are encouraged to voluntarily pursue accreditation, requiring HIE entities to obtain an accreditation may impose undue burden.

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III. SUBCOMMITTEE GOAL AND ACTIVITY

This activity can be added under Goal #2 under the subcommittee's workplan – *Review and Recommend updates to baseline operational and benchmark performance standards.* This activity falls within the specific subcommittee activity of *Analyzing best practices in HIE operational standards and compliance*.

IV. DISCUSSION

The HIE Operations, Compliance, and Efficiency (OCE) subcommittee lists out five (5) overarching categories of best practices that promote the secure access, use, exchange, and disclosure of health information –

1. Privacy & Security
2. Identity & Access Management
3. Data Use & Exchange
4. Audits
5. Organizational & Governance Considerations

Each category has relevant subcategories of information aimed at encouraging the use of national and industry-recognized standards, exclusive of standards and practices included in legal and regulatory requirements. All categories were developed in conjunction with registered and designated entity representatives. As requiring an HIE entity to obtain an accreditation may be burdensome, the subcommittee chose to highlight select criteria from existing accreditation modules and other resources that may bolster HIE entity actions to support the secure use, access, and disclosure of health information. These best practices are located in Appendix 1. To ensure that these best practices remain updated, the subcommittee will periodically review these best practices to ensure alignment with the latest industry/national standards. Upon approval by the Policy Board, the finalized set of best practices will be posted on the DHCF HIE website. *Please note – the Stakeholder Engagement subcommittee is working on best practices related to HIE Education and Engagement. These best practices will be presented to the HIE Policy Board at a future meeting*.

V. RECOMMENDATION(S) FOR BOARD ACTION:

The Operations, Compliance, and Efficiency (OCE) subcommittee proposes that the DC HIE Policy Board approve the best practices in Appendix 1 for publication on the DHCF website.

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***Committee Members*:** Ms. Gayle Hurt, Dr. Sonya Burroughs, Dr. Jessica Herstek, Ms. Lucinda Wade, Ms. Stephanie Brown, Mr. Ronald Emeni, Ms. Donna Ramos-Johnson, Mr. Jim Costello, Mx. Deniz Soyer, Ms. Adaeze Okonkwo, Mr. Robert Kaplan, Mr. Nathaniel Curry, Ms. Maava Khan and Ms. Asfiya Mariam

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Status: Draft

Appendix 1: Best Practices

Best Practices for the Secure Access, Use, and Disclosure of Health Information

The HIE final rule also outlines in §8711.8 guidance regarding nationally recognized standards for the secure access, use, and disclosure of health information. In response, the HIE Operations, Compliance, and Efficiency (OCE) subcommittee recommends the following best practices across several categories – these best practices may be utilized by registered and designated HIE entities in the District.

Please note: The best practices listed within these categories are intended as recommendations only.

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Category 1 – Privacy & Security

1.1 – General

- Organizations are encouraged to apply for and obtain certifications or accreditations that demonstrate compliance with industry standards for privacy and security by undergoing a third-party review. Some recommended accreditations are listed below.
  Please note that this list is not inclusive of all certifications or accreditations.
  - EHNAC Privacy & Security
  - EHNAC Health Information Exchange Accreditation Program
  - HITRUST r2 Validated Assessment

- When applicable, organizations are encouraged to include measures that adhere to the **latest** versions of established guidelines and standards related to health information access, privacy, and security. Current versions of these guidelines are listed below:
  - NIST Special Publication 800-171 (Rev. 2)
  - NIST Cybersecurity Framework (1.1)
  - NIST Special Publication 800-63-3
  - HHS Health Industry Cybersecurity Practices (HICP)

- Organizations are encouraged to develop and maintain a plan that ensures adherence to all relevant federal and state regulatory requirements. These include, but are not limited to:
  - Maintain notification procedures related to privacy, security, and breaches in compliance with HIPAA. *EHNAC HIEAP II.E.1*
  - Develop an implementation plan, including a timetable, for any applicable District and/or federal laws and regulations governing the use, access, maintenance, and disclosure of health information. *45 CFR 162*
  - Identify and maintain a staff person(s) responsible for privacy and security items as outlined in HIPAA, for example a Privacy Officer, Chief Technology Officer (CTO), and/ or Chief Information Security Officer (CISO). *45 CFR 164.308(a)(2)*
    - Note: If the organization is a registered HIE entity as part of the DC HIE, the registered HIE entity must follow additional requirements as listed within the DC HIE final rule.

- Organizations are encouraged to outline their processes and procedures regarding information collected from any direct entry tools. These may include (but are not limited to): *EHNAC HIEAP III - PHW Data*
  - Develop and maintain a process for the collection, storage, use, disclosure, and transmission of data entered using direct entry tools.

  - Establish formal policies to handle consumer requests to obtain data entered using direct entry tools, including providing a copy of the data, a process for amending/correcting information, and any requests to delete these data.
  - Provide technical assistance and guidance, where appropriate, to any third-party organizations that may utilize, or view data entered by or received by direct entry tools.

1.2 – Responses to Security Vulnerabilities

- Organizations are encouraged to establish a resiliency plan to deliver critical services for all operating states (such as, during an incident, recovery, and normal operations) *NIST CSF ID.BE-5*

- Organizations are encouraged to develop an incident classification grid that outlines the scope of the incident, types of information involved, and examples of events within each class. Utilize the incident grid to inform organizational response plan in the event of an incident. *NIST CSF ID.RA*

- Organizations are encouraged to develop an incident response plan to identify, respond, and document privacy, security, and cybersecurity incidents, including any measures that are taken to address these gaps. Recommended plan items may include: *45 CFR § 164.308(a)(6)*
  - Implementing measures to scan for vulnerabilities in systems and applications, as well as controls to remediate any gaps and correct any deficiencies. This may include: *EHNAC HIEAP VII. F and NIST CSF DE*
    - Establishing a baseline of data flows and operations for each authorized system/ user and a threshold for incident alerts *NIST CSF DE.AE-1 and NIST CSF DE.AE-5*
    - Implementing a continuous monitoring plan that works to identify network, physical environment, and personnel-related security threats and analyzes the effectiveness of existing incident prevention methods *NIST CSF DE.CM*
    - Maintaining and regularly updating a listing of system administrators or other relevant points of contact at participating organizations
  - Developing and maintaining workflows to ensure security updates to any deployed software, both internally at the organization and for any external parties (if appropriate). *EHNAC HIEAP VI.I.2*
  - Assigning roles and responsibilities for internal staff and related external stakeholders that clearly outline their roles and responsibilities in the event of a security incident. *EHNAC HIEAP VII. F and NIST CSF DE.DP-5, RS.IM, RC.IM*
  - Establishing an incident resolution plan to document, analyze, and contain any incidents or vulnerabilities as detected by internal systems, personnel, or external stakeholders. This may include: *NIST CSF RS.AN-5*

        - Conducting forensic analysis and root-cause investigations for effective response and recovery *NIST CSF RS.AN*
        - Initiating appropriate containment activities to prevent expansion *NIST CSF RS.MI-1*
        - Addressing any vulnerabilities that may have been exploited during the incident by either mitigating them or establishing them as accepted risks. *NIST CSF RS.MI-1*
    - Developing an incident recovery plan that includes any necessary remediation or recovery actions to restore affected systems *NIST CSF RC.RP-1*
    - Ensuring thorough documentation of incidents and related recovery activities and communicating these activities to internal and external stakeholders. *NIST CSF RC.CO-3*

- Organizations are encouraged to enhance incident response by continuously improving their processes and procedures related to incident detection, response, and recovery. *EHNAC HIEAP VII. F and NIST CSF DE.DP-5, RS.IM, RC.IM*

- Organizations are encouraged to implement a process to inform internal stakeholders, system administrators/ points of contact at participating organizations, DHCF Privacy and Security Officers of any exploitable security vulnerabilities, and external authorities as appropriate. *EHNAC HIEAP VII. F.2 and NIST CSF ID.RA-2*

1.3 – Reducing Cyber Risk, Technology Errors, and Omissions

- Organizations are encouraged to conduct quarterly threat and vulnerability assessments. Results from the assessment may be used to develop an improvement process. *EHNAC HIEAP VII.K. 3*

- Organizations are encouraged to, whenever appropriate, offer guidance and/or technical assistance to system administrators of participating organizations. *NIST CSF PR.AT*

- Organizations are encouraged to develop controls that ensure that internal networks are physically and logically separate from system components that are publicly accessible *EHNAC HIEAP VII.K. 3*

- When appropriate, organizations are encouraged to implement controls to maintain physical security of systems, equipment, and operating environments. Some recommended items include: *EHNAC HIEAP VII.J*
    - Controlling and managing physical access devices
    - Inventorying physical devices and systems and classifying them based on criticality, and business value *NIST CSF ID.AM-1 and ID.AM-5*
    - Maintaining audit logs of physical access
    - Safeguarding access to PHI in alternative/remote work sites

- Organizations are encouraged to have the ability to maintain a backup archive for all data stored for a minimum of seven (7) years. *EHNAC HIEAP II.E.1*

1.4– Considerations for Technology Providers

- Organizations that outsource any technology to third-party organizations are encouraged to take appropriate measures to ensure the safety of PHI. These measures may include:
  - Requiring third-party organizations to implement and maintain appropriate security controls for the protection of PHI *45 CFR § 164.308(b)(2)*
  - Providing guidance and resources to delegated third-party organizations regarding the protection of PHI *Common Agreement 12.1.5*
  - Developing a reasonable notice policy if the third-party organization ceases operations *HIE Final Rule*

- Organizations are encouraged to document how data is handled and stored by each third- party organization, including any backups, snapshots, maintenance, etc. *EHNAC HIEAP VII.L.7*

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Status: Draft

Category 2 – Identity & Access Management

2.1 – Mapping Authorized Users of the HIE

- HIE entities are encouraged to educate participating organizations on how their users can access the HIE. This may include developing policies, when appropriate, to identity proof any users as they directly access the HIE, such as the use of third-party authentication systems. *EHNAC HIEAP IX and HIE Final Rule*

- Organizations are encouraged to develop and maintain an access grid that maps user types and outlines recommended levels of access. Access permissions may be managed by categorizing individuals by using the principles of least privilege and separation of duties*. *MD Rule - 10.25.18.05 §D and NIST CSF PR.AC-1 4*

- Organizations are encouraged to ensure that user access policies are appropriately tailored to address all user types that access the HIE (such as participating organizations, non-HIPAA covered entities, and health care consumers), including any data trading partners. *EHNAC HIEAP IX*

- Organizations are encouraged to ensure that issuance, verifications and/or revocation of credentials for authorized users are appropriately managed and regularly audited to limit any unauthorized access*. *NIST CSF PR.AC-1*

  **Note – This practice may differ based on how users access the HIE. For organizations that utilize Single Sign On (SSO) features to access the DC HIE, a user may be onboarded to the practice's EHR, and would thereby obtain access to the DC HIE. The practice may also have policies specific to issuance, verification, and revocation of credential. In these instances, HIE entities are encouraged to provide technical assistance and guidance to these participating organizations.*

2.2 – Identity Proofing and Authentication

- Organizations are encouraged to adopt and implement an authentication process to include: *MD Rule - 10.25.18.05 §D, EHNAC HIEAP VIIA*
  - Authentication of a ***human user*** at log in, to comply with **Level 2** of the latest requirements in NIST Special Publication 800-63
  - Ensuring that all ***automated systems*** that access PHI have a human sponsor, and that electronic authentication of the automated system complies with **Level 3** of the latest requirements in NIST Special Publication 800-63
  - Encouraging multi-factor authentication at log in, which includes a username, password, and/ or device registration.

  - Assigning a unique name and/or number for identifying and tracking user identity.
  - Recording authentication actions of each unique user and ensuring the encryption of stored authentication data to the latest industry standards (including active and non-active user IDs and passwords)
  - Recording authorized user attestation regarding the purpose of accessing PHI.

- Organizations are encouraged to develop and maintain policies regarding identity proofing for health care consumers when they access PHI (when allowed). This may include: *ONC Identity Management Guide and EHNAC HIEAP VII*
  - Processes for issuing and managing digital credentials for consumers.
  - Identification and management of consumer relationships to family members and caregivers
  - Policies regarding PHI access for minors

2.3 – Patient Matching

- Organizations are encouraged to follow the latest version of the ONC Interoperability Standards Advisory (ISA) criteria on patient record matching. Some recommended standards and implementation specifications are listed below. *2023 ISA Standards*
  - Patient Demographic Record Matching standards from HL7 2.5.1 (or later), IHE specifications for patient demographic queries
  - ONC Project US@ Technical Specifications for Patient Addresses – *Version 1.0,*
    January 2022
  - AHIMA Recommended Data Elements for Capture in the Master Patient Index –
    January 2022
  - FHIR at Scale Taskforce (FAST) Initiative Identity Tiger Team recommendations and proposed solutions

Subcommittee: HIE Operations, Compliance, and Efficiency

Chairs: Ms. Gayle Hurt

Date: April 27, 2023

Status: Draft

Category 3 – Data Use & Exchange

3.1 – Aligning to Industry Standards for Clinical Data and Data Sharing

- Organizations are encouraged to implement policies and procedures to maintain compliance with the Information Blocking section of the 21st Century Cures Act. *Section VIII.B*

- Organizations are encouraged to document data provenance whenever possible by adhering to industry standards and implementation specifications, with the goal of ensuring data authenticity, reliability, and trustworthiness of data received from participating organizations and/or HIE users that utilize direct entry tools. *2023 ISA Standards*

- Organizations are encouraged to augment their interoperability efforts by:
  - Educating third-party application developers regarding the CARIN Code of Conduct
  - Utilizing the HL7 FHIR Implementation Safety Checklist and ONC's Inferno Framework to analyze the impact of FHIR on system design and for FHIR conformance testing.

3.2 – General Practices regarding Data Sharing

- Organizations are encouraged to work with connected provider organizations (such as hospitals) to transmit data elements necessary to support timely and effective transitions of care. These may include:
  - Enhancing outreach and engagement efforts with organizations that have recently upgraded legacy EHR systems to enhance data sharing.
  - Evaluating differences in nomenclature (CCD vs FHIR) to inform standardization efforts.
  - Encouraging expedited transmission of data elements that may be more time- sensitive or may have an impact on care decisions (such as ADT notifications, Z- codes, etc.)

- Organizations are encouraged to collaborate with District partners and connected provider organizations to establish appropriate expectations around information sharing. These may include:
  - Identifying facility-specific examples or stories to describe ideal timelines for information sharing.
  - Cataloguing facility-specific examples to illustrate any differences in timelines.

Subcommittee: HIE Operations, Compliance, and Efficiency

Chairs: Ms. Gayle Hurt

Date: April 27, 2023

Status: Draft

Category 4 – Audits

4.1 – General

- Organizations are encouraged to adhere to the current version of the audit standards as established in 45 CFR 170.210. *45 CFR 170.210(e)*

- Organizations are encouraged to maintain a clear, accurate, and accessible audit trail for all data transactions, user access logs, and physical access logs for a minimum of seven years. *EHNAC HIEAP, NIST CSF PR.PT-1, and HIE final rule 8704.1(g)*

- Organizations are encouraged to implement mechanisms that: *EHNAC HIEAP*
    - Monitor usage patterns to determine suspicious activity by users.
    - Provide alerts to the entity in the event of an audit logging process failure.
    - Match internal system times to an authoritative source to generate audit record time stamps.
    - Protect audit information and logging tools from unauthorized access and deletion. These may include limiting access to a subset of users.

- Organizations are encouraged to have policies requiring audits to monitor compliance with existing HIE policies, federal and District privacy laws, and to check for third-party organization compliance to privacy requirements. *EHNAC HIEAP*

- Organizations are encouraged to conduct an annual independent audit of their financial statements to demonstrate consistency with generally accepted accounting principles and requirements. *EHNAC HIEAP*

4.2 – Audits of Information from Direct Entry Tools

- Organizations are encouraged to have policies and procedures regarding the audit of information entered using direct-entry tools on the HIE, or where the HIE is the originator of patient data. This may include:
    - User access logs
    - Patient requests for copies of data
    - Change logs to monitor amendments or deletion to the data by the patient or by a member of their care team.

- Organizations are encouraged to implement policies and procedures regarding patient- generated data. *EHNAC HIEAP*

Subcommittee: HIE Operations, Compliance, and Efficiency

Chairs: Ms. Gayle Hurt

Date: April 27, 2023

Status: Draft

Category 5 – Organizational & Governance Considerations

5.1 – General

- Organizations are encouraged to implement an organizational framework that includes a formal structure (such as a governing board) that provides oversight for the exchange of health information and ensures accountability to the organization's goal. This governing body may: *HIEAP Criteria VI.P and TEFCA QHIN Onboarding SOP*
    - Have an established structure that outlines key personnel and how they work with the governing body to support electronic exchange of health information.
    - Be representative of participating organizations.
    - Have established meeting procedures (such as meeting cadence and officer roles)
    - Have an established dispute resolution mechanism that ensures that any issues are resolved collaboratively.

- Organizations are encouraged to implement processes that support organizational efficiency. These include:
    - Regular maintenance of organizational documents (such as bylaws, organization mission, articles of incorporation, participation agreements etc.), along with any related amendments.
    - Workflows to ensure that the HIE is only used for purposes that are established within §§ 8703.2 and 8703.3 of the HIE final rule.
    - Maintenance and tracking of any certifications or accreditations it may hold, along with any related documentation.
    - A financial model that outlines the organization's approach to financial sustainability, including pricing models/ user fees (if any) and any plans that address how the organization will manage increasing participation.

Subcommittee: HIE Stakeholder Engagement

Co-chairs: Dr. Yavar Moghimi and Dr. Mary Awuonda

Date: April 27, 2023

Status: Draft

District of Columbia Health Information Exchange Policy Board

Recommendation to Approve the Use of Educational Materials Regarding DC HIE Tools for Health-Related Social Needs Screening and Referral

I. SUMMARY

The HIE Policy Board Stakeholder Engagement subcommittee proposes the approval of an educational handout to encourage provider education and use of these HIE tools. These workflows are intended to illustrate how providers in different care settings can use CRISP DC tools to capture, view, and track social needs screening and referral data. The handout aims to further the use of HIE tools to screen and document social needs, search for community-based organizations (CBOs), and send e-Referrals, all within the CRISP environment. The handout also includes an example step-by-step breakdown of how users can incorporate the use of these tools within their workflow and offers additional reference materials. The handout was collaboratively developed with the HIE Community Resource Inventory (CRI) subcommittee.

II. PROBLEM STATEMENT

As outlined in the 2022 State Medicaid Health IT Plan (SMHP) update, Recommendation #6 outlines the need to improve education and communication efforts in order to increase awareness and use of the DC HIE and its tools. In response, the Stakeholder Engagement subcommittee reviewed the DC Community Resource Information and Exchange (CoRIE) Initiative – an interoperable system within the DC HIE that allows for social needs data sharing between different stakeholders across the health care continuum. This includes three major functions – (1) Sharing of Health-Related Social Needs (HRSN) screening data; (2) Resource lookups through a centralized directory within the HIE; and (3) Electronic referrals to CBOs and other support services. As such, these tools enable a user to view social needs screening and assessment information in the HIE, derived from multiple sources including electronic health records (EHRs). The referral tool also facilitates digital connections with CBOs and other support service providers to address unmet social need, while also allowing users to review referral status and referral history. Various subcommittee members also underscored that the use of CRISP tools is a new addition to existing workflows at health care facilities. To address this, the Stakeholder Engagement subcommittee developed a workflow that outlines screening to referral pathways that are supported by these tools and promotes the value of utilizing DC HIE tools.

III. SUBCOMMITTEE GOAL AND ACTIVITY

This activity can be added under Goal #1 under the subcommittee's workplan – *Identify and inform ways to improve stakeholder engagement in the District's HIE initiatives and to promote the value of health information exchange and of advancing along the SMHP HIT Framework to District stakeholders.*

Subcommittee: HIE Stakeholder Engagement

Co-chairs: Dr. Yavar Moghimi and Dr. Mary Awuonda

Date: April 27, 2023

Status: Draft

IV. DISCUSSION

The Stakeholder Engagement subcommittee proposes an educational handout for providers that highlights the various HRSN tools within the CRISP environment. This handout is located in **Appendix 1** of this document. To inform the development of materials, the subcommittee hosted various representatives from the Designated HIE entity, CRISP DC, and reviewed all three functions and tools available within the CRISP environment. In addition, the subcommittee held robust discussions on the utilizing and notating Z-codes within EHRs. The subcommittee considered perspectives from the DC Primary Care Association (DCPCA) and the DC Hospital Association (DCHA) and their respective pilot initiatives to increase social needs screenings and documentation of Z-codes for identified social needs. The subcommittee also worked with representatives from the HIE CRI subcommittee for additional feedback on the resources available in the DC CRI and assisted CRISP DC partners in the development of a priority list of CBOs for outreach and onboarding to the HIE. Finally, the subcommittee reviewed how users access the HIE (either by logging into the CRISP web portal or via Single Sign On) to ensure that workflow language was responsive to the needs of users. To ensure that this handout remains updated, the subcommittee will periodically review and update the workflow as necessary. This review will include any updates to existing HIE tools, inclusion of any new HIE tools, and additional reference materials (if appropriate).

V. RECOMMENDATION(S) FOR BOARD ACTION:

The Stakeholder Engagement subcommittee proposes that the DC HIE Policy Board approve the use of this handout to educate providers on using social needs tools on the DC HIE.

***

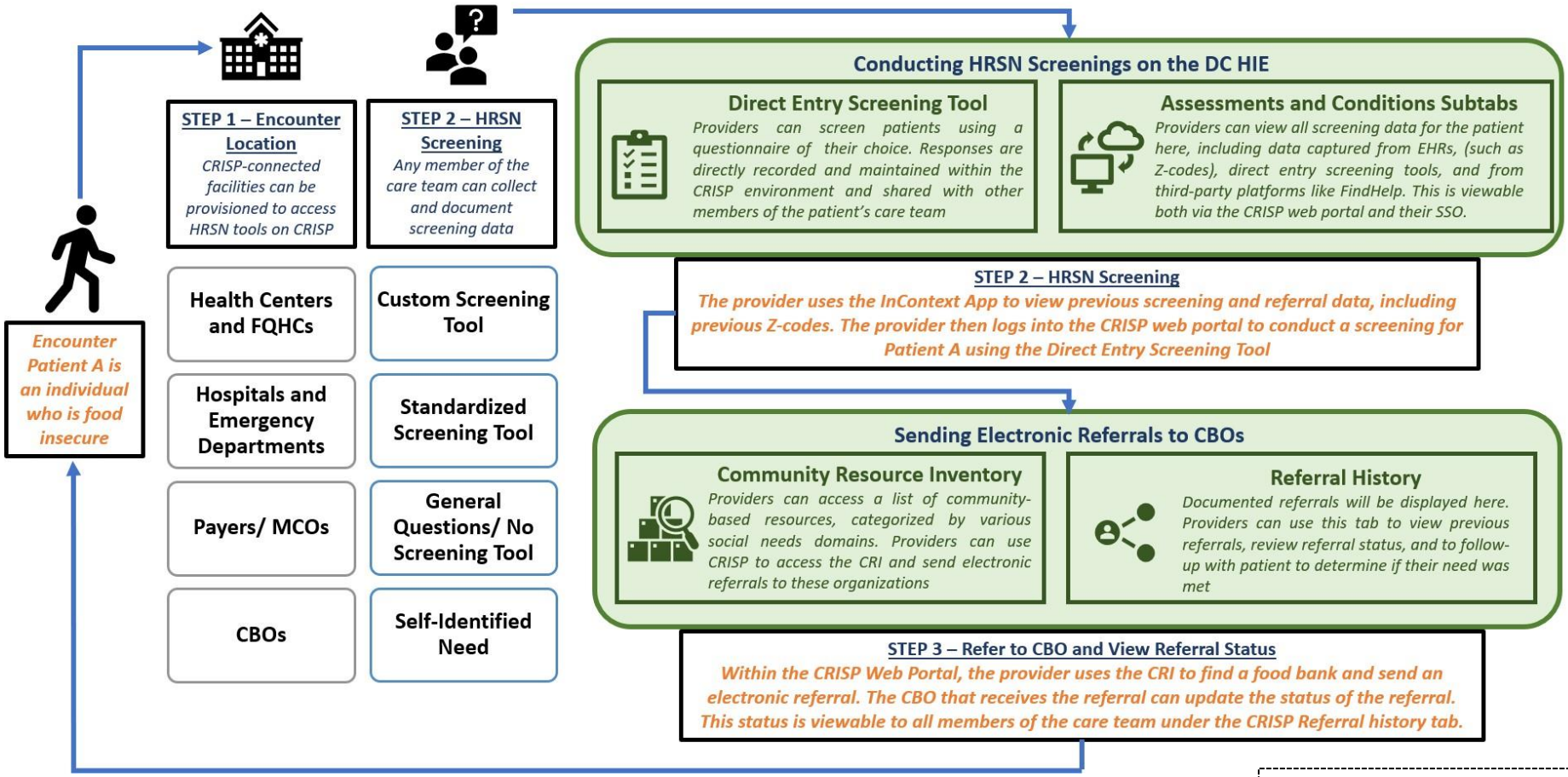
***Committee Members*:** Dr. Yavar Moghimi**;** Dr. Mary Awuonda; Dr. Eric Marshall; Mr. Mark LeVota; Mr. Ronald Emeni; Mr. Luigi Leblanc; Ms. Stephanie Brown; Ms. Linda Nguyen; Ms. Eden Cunningham; Ms. Donna Ramos-Johnson; Ms. Corrine Jimenez; Ms. Nancy Ware; Mr. David Poms; Ms. Luizilda de Oliveira; Ms. Adaobi Anyiwo; Ms. Joan Kim; Ms. Jamie Gittelman; Ms. Aida Semere; Ms. Jacquiese Unonu; Ms. Rachel Harbut; Mx. Deniz Soyer, Mr. Nathaniel Curry; Ms. Eduarda Koch; Ms. Maava Khan; Ms. Asfiya Mariam

Appendix 1: Educational Materials for HRSN Tools on the DC HIE

Workflow 1 – For Providers who are familiar with CRISP DC HIE

CLOSING THE LOOP ON UNMET SOCIAL NEED

Using DC HIE tools to screen patients, view previous Z-codes, and refer them to community-based resources



CBO – Community-Based Organization
CRISP – The District's Designated HIE Entity
DHCF – Department of Health Care Finance
EHR – Electronic Health Record
FQHC – Federally Qualified Health Center
HIE – Health Information Exchange
HRSN – Health Related Social Needs
MCO – Managed Care Organization
InContext App/ SSO – Single Sign On

Workflow 2 – For Providers new to the CRISP DC HIE

CLOSING THE LOOP ON UNMET SOCIAL NEED

Enhance existing workflows by using the DC HIE to screen patients, view old Z-codes, and send electronic referrals to social care services

☑ Improved Workflow using the DC HIE

STEP 1 – Encounter Location
A provider at a CRISP-connected facility uses the DC HIE to view previous screening and referral data, including previous Z-codes

STEP 2 – HRSN Screening
The provider (or a member of the care team) logs into the CRISP web portal to conduct a screening for Patient A using the Direct Entry Screening Tool

STEP 3 – Refer to CBO
The care team uses the DC CRI to find a food bank. The care team uses the CRISP eReferral tool within the Web Portal to send an electronic referral to a food bank

STEP 4 – Tracking Data
CBOs that receive the referral can update the status of the referral. This is viewable to all members of the care team under the CRISP Referral history tab

Encounter
Patient A is an individual who is food insecure

CRISP Social Needs and Referral Tools

Direct Entry Screening Tool
Providers can screen patients using a questionnaire of their choice. Responses are directly recorded, maintained, and shared within CRISP. Viewable via the CRISP web portal.

Assessments and Conditions Subtabs
Providers can view all screening data for the patient here, such as data from EHRs (Z-codes), direct entry screening tools, and from third-party platforms like FindHelp. Viewable via the CRISP web portal and SSO.

Community Resource Inventory and eReferrals
Providers can use CRISP to send electronic referrals to a CBO listed within the DC CRI. CBOs that receive referrals can use CRISP to update referral status. Viewable via the CRISP web portal.

Referral History Tab
Providers can use this tab to view documented referrals, previous referrals for the patient, and review referral status. Viewable via the CRISP web portal and SSO.

☒ Existing Workflow

STEP 1 – Encounter Location
A provider can only view screening and referral data for the patient from their organization, not at other locations

STEP 2 – HRSN Screening
The provider (or care team member) conducts a screening, which may be notated in the EHR using free text and/ or structured data

STEP 3 – Refer to CBO
The care team member may assist the patient in contacting the CBO via phone and may track the referral in the EHR

STEP 4 – Tracking Data
The care team may or may not track referrals. Referral status can only be tracked at the next patient encounter

CBO – Community-Based Organization
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InContext App/ SSO – Single Sign On

DC HIE Social Needs Tools

Enhancing data collection to address unmet social needs

CRISP DC and DHCF have partnered with District stakeholders to offer a cohesive solution to conduct screenings, capture data on social needs, and enhance closed-loop electronic referrals. These workflows are intended to illustrate how providers in different care settings can use CRISP DC HIE tools to capture, view, and track social needs screening and referral data. Below are the general steps that providers can take to use CRISP tools:

Step 1

Individual is screened at a screening location

Step 2

Review CRISP's Social Needs Tab to check for previous screenings

- If the inidvidual was not previously screened, utilize the Direct Entry Screening Tool to conduct a screening.
- If the tab displays previous screenings for the inidviudal, refer to the CRISP Referral History tab to determine the status of a referral.

Step 3

Send a referral to a Community–Based Organization (CBO)

- Utilize the CRISP Referral tool to send an electronic referral to a CBO to address unmet social need.
- Providers can utilize the DC CRI within the CRISP environment to identify resources.

Description of DC HIE Social Needs Tools

- **Screening**: The DC HIE enhances existing social needs screening workflows by consolidating screening data from current and previous patient encounters.
  - Assessments and Conditions Subtab: Updated real time, this tab pulls information from EHRs, ADTs, and from screening results submitted from other entities such as MCOs. Together, the subtabs offer a comprehensive view of the patient's screening history. This tab also displays screening data from third-party referral platforms (e.g., FindHelp, Mahmee).
  - Direct Entry Screening tool: This tool allows for providers or organizations to choose from a variety of pre-populated evidence-based standardized screening tools (e.g., PRAPARE, AHC), allowing credentialled users to directly input social needs data into CRISP. Health care settings that do not currently have a mechanism for screening and assessment can document and track the social needs of their patients.

- **Community Resource Inventory (CRI)**: The DC CRI is a publicly available directory of community-based organizations that offer various services to address unmet social need. Providers can utilize the CRI to access this directory directly within the CRISP environment.

- **Referrals**: The DC HIE augments referrals pathways by slowing providers to both conduct and track referrals to various organizations, while also consolidating referral history for a patient. The CRISP Referral Tool allows for closed-loop electronic referrals such that providers can send and track a referral to a community-based organization (CBO) all within the CRISP environment. CRISP-connected CBOs can receive these referrals and close the loop and can send referrals to other CBOs to address any additional needs.

You can review more information on the DC HIE Social Needs tools on the CRISP DC website at crispdc.org.

Additional Resources and Reference Materials

- *CRISP DC Webpages: Screening, Referral, DC CRI*
- *CMS; Infographic on Using Z-codes*
- *CMS, August 2022; A Guide to Using the Accountable Health Communities Health-Related Social Needs Screening Tool*
- *HIMSS SDOH Guide: Workflow Considerations*
- *Health Leads; Social Health Data Toolkit*
- *NACHC; PRAPARE Implementation Toolkit*

Infrastructure & Connectivity

Deniz Soyer
Division Director
Deniz.Soyer@dc.gov

Nathaniel Curry
Project Analyst
Nathaniel.Curry@dc.gov

These updates are related to the HIE connectivity and integrations as well as infrastructure tools that support the six (6) Core Capabilities of the DC Health Information Exchange. Below are some of the major accomplishments this quarter:

DC HIE Technical Integrations

We are pleased to announce a single sign on (SSO) functionality to the HIE from the DC Care Connect (DCCC) Platform is now available as of April 19! DCCC is a long-term services and supports (LTSS) web-based platform that provides care coordination and communication across the District's home and community-based LTSS provider organizations. Users can now access a patient's information in the DC HIE by simply clicking on a button within that patient's profile on the DCCC platform. This button allows for seamless communication between the DCCC platform and CRISP DC and presents the patient's information from the HIE without the need for a second patient search. DCCC users are now able to view, with a single click, encounters, health records, labs, and assessments flowing the DC HIE at the point of care.

Consent to Share Data (eConsent)

Launched in July 2022, the consent tool has served as a critical support for providers and has enabled the exchange of data protected by 42 CFR Part 2 via the DC HIE. To date, over 490 patient consents have been recorded using the tool. Various educational and engagement activities to train providers on features and the use of the consent tool were held, with targeted outreach to SUD providers.

CRISP Reporting Services (DC CRS) Population Health Analytics

DC CRS is a web-based analytics tool that enables population-level and panel-level management through clinical and administrative data for analysis and interventions. DC CRS provides reports on demographic and health system utilization, quality measure monitoring, and risk stratification to identify high-cost, high-utilization, and members with chronic disease. Users credentialed to access these reports include FQHCs, My Health GPS provider sites, hospitals, some District agency users, and MCOs. Since January 2023, the team has made enhancements to population summary reports and deployed CMS Core Set Measures for Health Homes programs, allowing providers to view both their patient panel and attributed populations. The team is currently scoping: 1) HIV population dashboard, including viral load suppression and other metrics, that will use both claims and lab data; and 2) DC HealthCheck status and pediatric utilization reports.

DC Community Resource Information Exchange (CoRIE)

DC CoRIE supports three technical functionalities through the DC HIE: 1) screening for social risks; 2) resource lookups through a centralized community inventory; and 3) referrals to appropriate community and support services. CoRIE is an interoperable approach that includes partnerships with DCPCA, DC Hospital Association, and FindHelp. The DC CoRIE initiative was spotlighted as case a study in the Office of National Coordinator for Health Information Technology (ONC) **Social Determinants of Health Information Exchange Toolkit**. The DC CoRIE team is also a participant of the Gravity Project Pilot Affinity Group – a peer-to-peer learning forum focused on the real-world testing of Gravity terminology and technical standards. Through DC's participation, the team aims to allow users to **find services by searching for associated z-codes**. This will also enable z-code data to be viewable in a patient's social needs referral record in the HIE. You can view our presentation on the Gravity website **here**.

Operations and Maintenance Tools - Provider Directory & Image Exchange

The *Provider Directory* displays information about health care professionals, including practice location, credentials, specialty, and affiliated organizations. The Image Exchange tool allows providers to access core and emergent images at the point of care, with the aim of improving clinical decision making and enhancing provider opportunities to prevent duplicative imaging orders/studies. There are no major updates this quarter. The team seeks to increase usage and sources of data contributing to both resources.

Technical Assistance & Outreach


Eduarda Koch
Project Manager
Eduarda.Koch@dc.gov


Maava Khan
Program Analyst
Maava.Khan@dc.gov

DHCF is leveraging American Rescue Plan Act (ARPA) Enhanced Funding for Medicaid Home and Community Based Services (HCBS) to enhance, expand, and strengthen HCBS digital health infrastructure to support a more integrated and accessible person-centered system in the District. To that end, the DHCF team is working with District of Columbia Primary Care Association (DCPCA) and its sub-grantees – collectively known as the eHealthDC team – to deliver tailored and vendor-neutral technical assistance to HCBS providers. These are centered around three (3) broad areas:

1) **Program Management Services**: To identify, outreach to, and enroll eligible practices, with the goal of conducting practice readiness assessments.

2) **Promoting Interoperability (PI)**: To identify, select, implement, and/ or optimize CEHRT/ HIT systems, with the goal of connecting to the DC HIE. Providers can earn incentives from DHCF for meeting six program milestones within one of three program tracks.

3) **Telehealth**: Enhance adoption and implementation of telehealth services by providing customized, practice-specific telehealth guidance, tools, and workflows, with the aim of maximizing telehealth utilization and increasing access to care. Please note that the HCBS telehealth program is not an incentive program.

We are pleased to report the following key accomplishments since January 2023:

- **Scoping and Preparation** – Finalized framework for promoting interoperability and telehealth programs, including service offerings, eligibility requirements, incentive program structure and milestones. The team continued discussions with HCBS CEHRT vendors and began onboarding processes for practices ready for HIE connectivity.

- **Participant Engagement** – Met with HCBS stakeholder groups, providers, and DC agency representatives to provide program overview, identify unique needs, and strategize on engagement approaches. This also includes conducting the first two meetings of the HCBS Stakeholder Advisory Committee.

- **Technical Assistance Monitoring** – Launched Tableau-based HCBS Digital Health Technical Assistance Program CRM to track practice assessment results and dashboards to display project status and performance.

- **HCBS Provider Organization Outreach** – The eHealthDC team has conducted outreach to 134 distinct HCBS provider organizations, including Mental Health Rehabilitation Services (MHRS), Adult Substance Abuse Rehabilitation Services (ASARS), Housing Supportive Services (HSS) providers enrolled by DHCF, and Long-Term Services and Supports (LTSS).

- **HCBS PI Program Incentives** – Of the 134 organizations that the eHealthDC team have contacted, as of 4/18/23:
  - **Sixty-four (64) have met Milestone 1:** 37 MHRS, 13 ASARS, 9 HSS, and 6 LTSS provider organizations have signed a participation agreement for the program
  - **Fifty-five (55) have met Milestone 2**: 32 MHRS, 9 ASARS, 8 HSS, and 6 LTSS provider organizations have signed a scope of services and work plan
  - **Nine (9) have met Milestone 3:** 3 MHRS and 6 ASARS provider organizations have purchased new CEHRTs

The team is pleased to share that a total of **$440,500** in incentives have been distributed to participating provider organizations! As milestone attestations for the HCBS PI Program are submitted daily, the incentives distributed are projected to continuously increase throughout the tenure of program.

Policy & Governance

Asfiya Mariam
HIE Policy Analyst
Asfiya.Mariam@dc.gov

These updates are related to the policy and governance activities that support the DC Health Information Exchange. The HIE Policy Board and its four (4) subcommittees aim to develop and discuss recommendations on the secure and protected exchange of health information in the District.

HIE Policy Subcommittee Update

Chair(s): Mr. Justin Palmer

Mission and Purpose: Provides recommendations on the development of HIE policies and analyzes the impact of regulatory and legislative trends for the broad implementation and sustainability of secure, protected health information exchange.

Drafting Policy Guidance: In alignment with Goal #1 of their workplan, the subcommittee is working on draft guidance to as indicated in the HIE final rule. The development of this guidance includes a review of any existing requirements for HIE entities, current practices, and any items submitted by entities for registration and/or designation. Once developed, the subcommittee plans to present a recommendation to the HIE Policy Board. Draft guidance is centered around the following five (5) areas of the final rule*:

- § 8703.7(a): Identifying Authorized Users – *Discussed by the subcommittee in March*
- § 8702.2(f): Notice Regarding Cease of Operations
- § 8704.1(f): Reporting Unusual Findings to participating organizations
- § 8710.5: Consumer Education Requirements
- § 8711.6: Oversight and Enforcement

**Guidance regarding secondary use of data (as indicated in § 8703.4) will be drafted in collaboration with DHCF and other subject matter experts.*

Review of TEFCA: In alignment with Goal #2 of their workplan, the subcommittee is continuing to monitor various regulatory and legislative actions, such as Information Blocking, the implementation of Trusted Exchange Framework and Common Agreement (TEFCA), and patient access. This activity is also aligned with a previously approved recommendation by the Policy subcommittee in October 2019 to monitor the implementation of the Common Agreement (CA) and the QHIN Technical Framework, and to determine the impact on the DC HIE rule and the DC HIE. In March, the subcommittee heard from Nichole Sweeney at CRISP DC regarding TEFCA, its potential intersections with regional HIEs (like the DC HIE) for various use cases including public health, and CRISP DC's involvement in TEFCA.

HIE Community Resource Inventory Update

Chair(s): Ms. Luizilda de Oliveira and Mr. Khalil Hassam

Mission and Purpose: Develop recommendations for consideration by the HIE Policy Board that are related to the use, exchange, sustainability, and governance of community resource directory data through the District HIE infrastructure.

Reviewing the Draft Proposed Rule: The subcommittee is currently reviewing the draft text of the CRI proposed rule to inform key aspects of the rule. Recently, the subcommittee has discussed the following key items: 1) Requirements for Registered CRI Entities; 2) Minimum Categories for a Service Record on the CRI; 3) Requirements for a Publicly Accessible CRI Website; and 4) Annual Reporting and Audit Requirements for Designated CRI Entities.

Once all aspects of the proposed rule are reviewed, the subcommittee will work on items related to ongoing data maintenance, management, and governance.