

DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING



April 27, 2023 | 3:00 PM – 5:00 PM



THIS MEETING IS BEING RECORDED

Department of Health Care Finance | One Judiciary Square, 11th Floor, Room 1107

Meeting Processes



This is a hybrid meeting – Virtual Attendees are displayed on the screen



If you have comments or questions, please raise your hand, both virtually and in-person



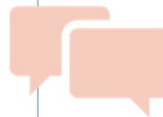
In-person attendees can push on the microphone in front of them to speak. Virtual attendees can unmute themselves when called!



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



For all attendees, ensure your microphone is muted until you are ready to speak



Virtual Attendees, please use the chat function to introduce yourself: **Name, Title, Organization**

Agenda

01

Welcome and Call to Order

- Meeting Processes
- Roll Call
- Announcement of Quorum
- HIE Policy Board Announcements: Vacancies

02

Policy Board Procedures

- Board Chair Report on Conflict-of-Interest forms
- Review of Changes to Board Bylaws
- **Board Action:** Vote to approve changes to Policy Board Bylaws

03

Subcommittee Reports

- **Board Action:** Vote to approve best practices related to the secure access, use, and disclosure of health information.
- **Board Action:** Vote to approve handout outlining HRSN tools on the DC HIE

04

Update on DC HIE Tools to Enhance Advance Care Planning

- History and Development of the Advance Care Planning tool
- Demo of tools in the DC HIE

05

DC HIE and Division of Digital Health Updates

- DC HIE Designated Entity Updates
- Updates from the DC HIE Interagency Data Use Workgroup

06

Public Comments

07

Next Steps/Adjournment

Roll Call and Announcement of Quorum



HIE Policy Board Announcements and Open Positions



District Medicaid Renewals



Medicaid Eligibility Renewals began April 1, 2023

Alliance and Immigrant Children's Program renewals began in July 2022



Communication and Beneficiary Outreach efforts include:

- ✓ Text Messaging
- ✓ Robocalls
- ✓ Citywide Advertising
- ✓ Stakeholder Trainings
- ✓ Community Meetings
- ✓ Stakeholder Toolkit



Beneficiaries may log into District Direct to see notices when their renewals will be up – and take action!

You may contact Medicaid.renewal@dc.gov for more information

HIE Policy Board Vacancies

- Help us fill vacant positions! Interested parties may apply directly on the [Mayor's Office of Talent and Appointments \(MOTA\) website](#). All are welcome to apply! Vacancies are listed below –

Two (2) Public
Members

One (1) Medical
Provider

DC HIE Policy Board

Conflict of Interest Report and Updates to Bylaws

Deniz Soyer

Chair, HIE Policy Board

Allocated Time: 3:05 – 3:30 PM (25 mins.)

DC HIE Policy Board Conflict of Interest Report by Board Chair

ARTICLE XIV Board Bylaws

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.



Each Board member shall sign and submit a conflict-of-interest disclosure form during their term:

- Upon joining the Board
- Annually
- Prior to any new business transactions that may pose a conflict
- Immediately upon becoming aware of a potential conflict



Board Chair shall review all declarations of conflict of interest



Board Chair shall report back any findings to the Board at a regular meeting or special meeting

Change #1: Broadening the description of provider Board seats

Original Text

Five (5) medical providers who provide direct primary care or specialty care services, or individuals who work for a provider organization that provides primary care and/or specialty care services

Article I
*Name,
Purpose, and
Membership*
Section 3 (a) (vii)
PAGE 2

New Text

Five (5) health care providers who engage in direct primary care or specialty care services, or those who work for a provider organization that provides primary care and/or specialty care services

Rationale for Change: Updated language casts a wider net for providers and can include allied health professionals and other support staff.

Change #2: Term Limits for Board Members

Article II
*Membership
Terms*

Section 2
PAGES 2-3

New Text

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

Rationale for Change: New language establishes a clear rotation for Board members. This ensures that new perspectives are heard at the Board.

Change #3: *Emeritus* designation for Board members

Article III
*Board
Organization*

Section 3
PAGE 3

New Text

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

Rationale for Change: This recognizes the contributions of an outgoing Board member and encourages continued involvement in DC HIE-related discussions.

Change #4: Clear election processes for vice chair

Article IV
Officer
Elections

Section 3
PAGE 3

New Text

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

Rationale for Change: Establishes a clear process for Vice Chair Elections for the Policy Board.

Change #5: Clear resignation processes from non-participating members

Original Text

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.

Article VII:
Meetings

Section 9
PAGE 5

New Text

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

Rationale for Change: Establishes a clear process for any non-participating members of the Policy Board.

Change #6: Re-structure of order of business on Agenda

Original Text

- i. Call to Order
- ii. Announcement of a Quorum Present
- iii. Approval of Minutes of the Previous Meeting(s)
- iv. Topics for Discussion Next Steps
- v. Adjournment

Article VIII:
*Agenda, Order
of Business,
and Voting*

Section 2
PAGE 5

New Text

- i. Call to Order
- ii. Topics for Discussion
- iii. Announcement of a Quorum Present
- iv. Approval of Minutes of the Previous Meeting(s), if applicable
- v. Next Steps
- vi. Adjournment

Rationale for Change: Ensures that Board members have time to sign in prior to meetings.

Change #7 (Part 1): Establishing a process for DHCF review of any public comment related to the DC HIE

Original Text

All Board 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.

Article XII:
*Code of
Conduct*

Section 2
PAGE 7-8

New Text

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.

Rationale for Change: Clarifies expectations for Board and subcommittee members during public-facing discussions for the DC HIE

Change #7 (Part 2): Establishing a process for DHCF review of any public comment related to the DC HIE

Article XII:
*Code of
Conduct*

Section 3
PAGE 7-8

New Text

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...

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.

Rationale for Change: Clarifies expectations for Board and subcommittee members during public-facing discussions for the DC HIE

Change #8: Clear annual rotation of COI form submissions

Original Text

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, thereafter;

Article XIV:
*Conflict of
Interest Policy
and Procedures*

Section 2 (a) (ii)
PAGE 8

New Text

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;

Rationale for Change: Establishes a timeline for annual Conflict of Interest form submission

Change #9: Global edit to they/ them pronouns

- This global edit is included throughout the Board bylaws in several sections and is highlighted in yellow.
 - He/ She → They/ them
 - His or Himself → Themselves / Themselves
 - Her or Herself → Themselves / Themselves

Rationale for Change: Inclusive language for HIE Policy Board members



Board Action: Bylaw Change



Vote to approve edits to
the HIE Policy Board Bylaws

Operations, Compliance, Efficiency (OCE) Subcommittee

Gayle Hurt

Allocated Time: 3:30 - 3:40 PM (10 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

FY 23 OCE Subcommittee Workplan

Activities	Timeframe
<p>Goal 1: Review and provide recommendations on requirements for registered and designated HIE entities as outlined in the HIE final rule and other DHCF guidance</p> <ul style="list-style-type: none"> Review HIE Rule, HIE Registration and Designation requirements, and other guidance to inform any required updates to the registration and designation renewal process. <i>Develop monitoring and compliance plans for registered and designated entities to ensure compliance with requirements listed in the HIE final rule and adherence to industry standards for secure information exchange.</i> Advise on edits to existing registration and designation documents, including FAQs, application documents, and any relevant information on DHCF's website. Draft recommendations to HIE Policy Board. 	<p>December 2022 – August 2023</p>
<p>Goal 2: Review and Recommend updates to baseline operational and benchmark performance standards</p> <ul style="list-style-type: none"> Analyze baseline operational performance to ensure HIE meets documented standards. <i>Analyze best practices in HIE operational standards and compliance.</i> Analyze national best practices on HIE data quality. Draft recommendations to HIE Policy Board on HIE performance. 	<p>December 2022 – July 2023</p>
<p>Goal 3: Monitor, review, and advance updates to the recommended minimum datasets for timely exchange between HIEs in the District and with the Designated HIE Entity.</p> <ul style="list-style-type: none"> Review data elements based on provider type and use cases to make recommendations on updates/changes. <i>Analyze findings from the Transitions of Care project and determine to make any additions to the dataset for exchange.</i> Review data sets to ensure alignment with national standards such as USCDI. Draft recommendations to HIE Policy Board. 	<p>May 2022 – October 2022</p>
<p><u>Long-Term/ Regular Subcommittee Activities</u></p> <ul style="list-style-type: none"> Review DC HIE Glossary and provide recommendations on any updates to terms and definitions. Monitor performance of registered and designated entities per the requirements outlined in the HIE final rule. Recommend updates to the core minimum dataset for exchange among HIEs in the District. Work collaboratively with HIE Policy and Stakeholder Engagement subcommittees on updates to the HIE final rule and evaluate industry trends related to electronic health information exchange. 	

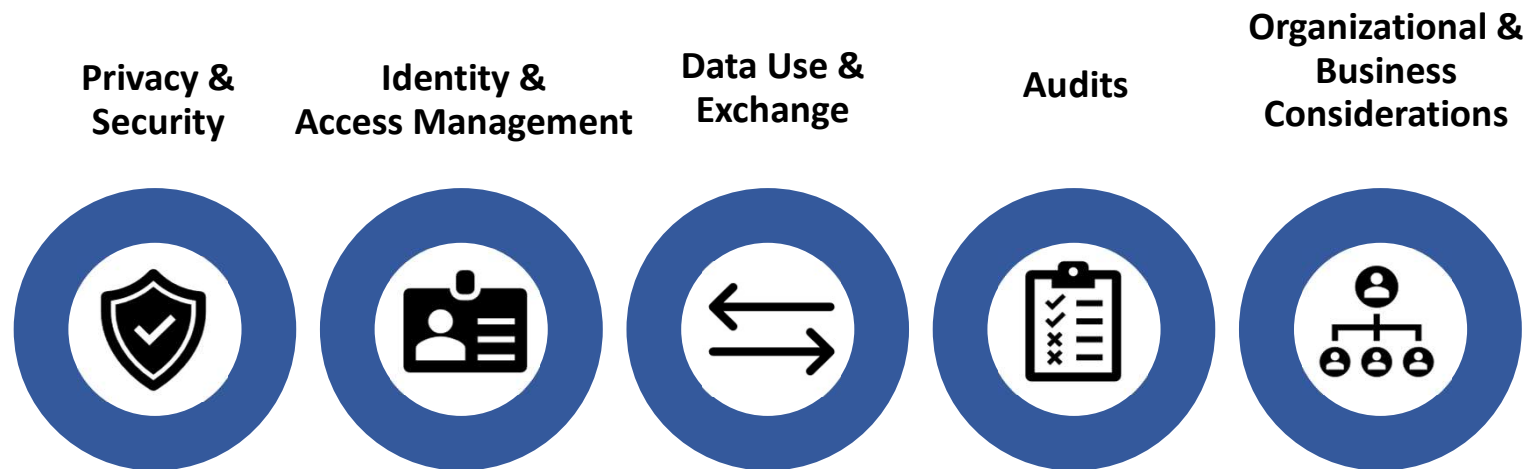
OCE Subcommittee Update

- In support of § § 8700.3 and 8711.8, the Operations, Compliance, and Efficiency (OCE) subcommittee is working on two related activities:
 - (1) Creating a list of best practices that encourage HIE entity alignment with national standards and other industry trends
 - (2) Developing monitoring and compliance plans for registered and designated entities
- Today, the OCE subcommittee is recommending the publication of best practices in five (5) overarching categories related to the secure access, use, and disclosure of health information.

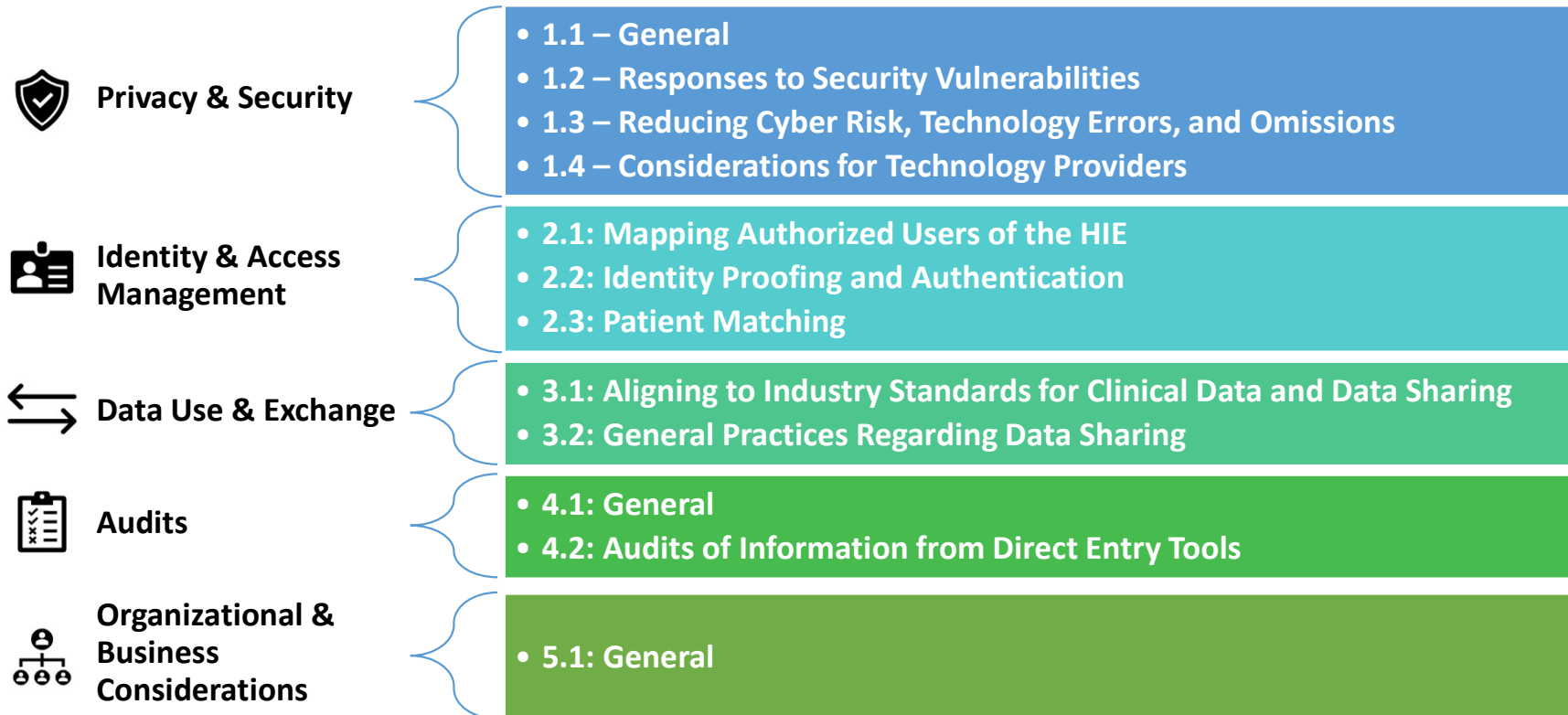
§ 8700.3 DHCF shall provide *ongoing monitoring to ensure compliance with criteria for registration and designation of HIE entities* in a manner consistent with this chapter

§ 8711.8 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.

Best Practices – *Categories*



OCE Subcommittee Update



A printed copy of the recommendation is available for reference



Board Action:
Approval of Best
Practices for
Publication



Vote to approve best practices
related to the secure access,
use, and disclosure of health
information for publication on
the DHCF website

Stakeholder Engagement Subcommittee

Dr. Yavar Moghimi

Dr. Mary Awuonda

Allocated Time: 3:40 - 3:50 PM (10 mins.)

Stakeholder Engagement Subcommittee Update

- **Co-Chairs**: Drs. Yavar Moghimi and Mary Awuonda
- **Mission**: To provide recommendations to the HIE Policy Board on:
 - Strategies to promote the value of HIE through discussions and forums with identified stakeholders
 - The SMHP measurement framework and priorities
- **Purpose**: Gain and maintain stakeholder engagement for long-term operational and financial sustainability of health information exchange in the District

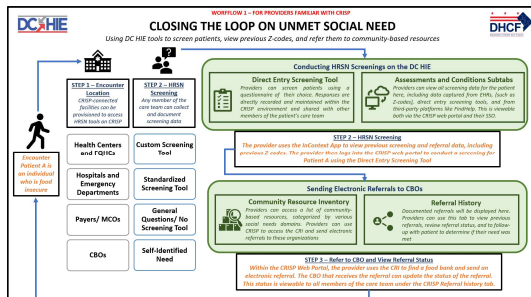
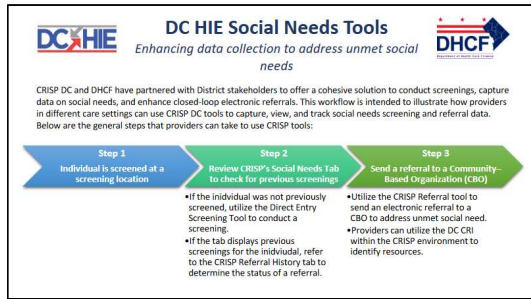
FY 23 Workplan

Goals	Timeframe
<p>Goal #1: 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.</p> <ul style="list-style-type: none"> • Develop stakeholder map to identify all relevant stakeholders. • Utilize stakeholder map to develop personas that clearly outline meaningful engagement for each HIE stakeholder. <ul style="list-style-type: none"> • Outline status quo of HIE use per stakeholder. • Define desired ideal state of engagement for each stakeholder • Conduct targeted outreach to stakeholders to identify barriers and challenges in utilizing the HIE and/or its tools. • Identify mechanisms of achieving ideal state of engagement (TA, education, training, focus groups, HIE champions, etc.) • Strategize on building relationships with CBOs, Behavioral Health, and HCBS providers based on existing networks and collaborations. • Develop targeted messaging promoting the value of HIE to stakeholders. <ul style="list-style-type: none"> • Conduct gap analysis of communication and educational resources by reviewing existing landscape of resources • Collaborate with CRISP DC partners to craft new educational/communication resources 	<p>December 2022 – October 2023</p>
<p>Goal #2: Identify and recommend educational outreach initiatives in response to regulatory changes</p> <ul style="list-style-type: none"> • Keep abreast of regulatory changes that affect the HIE and/or HIE tools. Identify impact of changes per stakeholder. • Collaborate with HIE Policy subcommittee to provide feedback educational materials to ensure that materials are responsive to the needs of the targeted stakeholder. 	<p>December 2022 – October 2023</p>
<p>Goal #3: Recommend feedback to DHCF on evaluation measures and the DC Digital Health Core Competencies.</p> <ul style="list-style-type: none"> • Collaborate with DHCF to provide feedback on HIE evaluation measures. • Collaborate with DHCF to provide feedback on the Digital Health Core Competencies measurement framework, confirm target measures of success and define if applicable. 	<p>December 2022 – October 2023</p>
<p>Long-Term/ Regular Subcommittee Activities</p> <ul style="list-style-type: none"> • Conduct stakeholder summits, forums, and/or webinars to promote the implementation and adoption of the HIE and related use cases. • Conduct outreach with payers and providers to identify use cases related to payment incentives. • Collaborate with CRISP DC in supporting CRISP DC communications with stakeholders. • Work collaboratively with HIE Policy and CRI subcommittees on feedback for the CRI proposed rule, updates to the HIE final rule, and other regulatory changes that impact various stakeholder. 	

Stakeholder Engagement Subcommittee Update

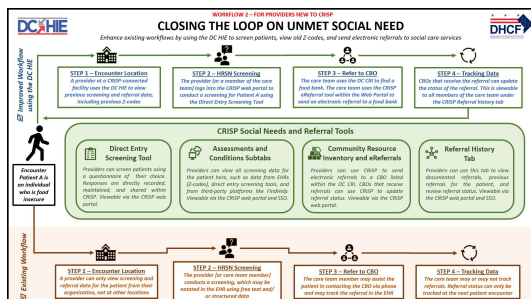
- The SE subcommittee continues to evaluate methods for stakeholder engagement and is working on the following items:
 - Creating a stakeholder map that differentiates between users of the HIE and locations of care delivery
 - Analyzing of current metrics associated with the DC HIE evaluation measures
 - Evaluating different modes of accessing the DC HIE
 - Reviewing CRISP DC communication, outreach, and education activities
 - Discussing the development of a framework for HIE education and evaluation, including the development of best practices
- **Ongoing Activities:** The SE Subcommittee continues to work with CRISP DC partners to
 - Recruit CBOs, with the goal of onboarding these organizations to receive e-Referrals and obtain CRISP access.
 - Support their efforts in advancing providers along the continuum of exchanging and using HIE data to meaningfully impact health.

SE Subcommittee developed educational materials regarding DC HIE social needs tools



- The SE Subcommittee has also developed a handbook that includes:

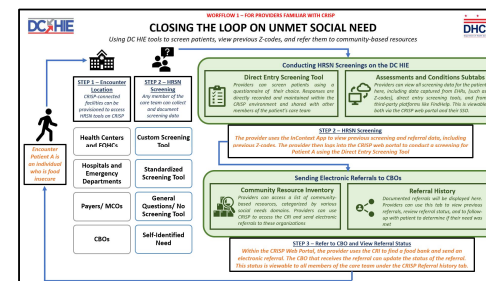
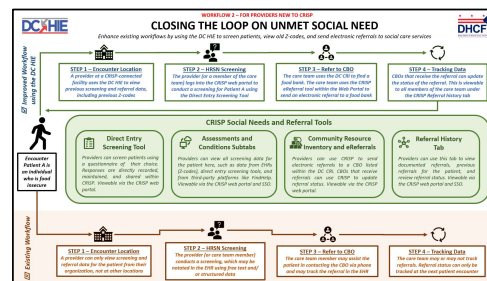
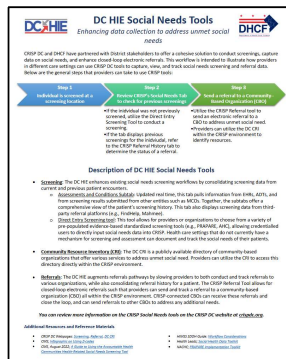
- Two (2) workflows on how providers can utilize CRISP social needs tools to identify an individual's social needs.
- Steps that outline where social needs data is accessible by care teams in the CRISP environment.
- Links to the CRISP DC webpage for additional information.



A printed copy of the recommendation is available for reference

Stakeholder Engagement Subcommittee Update

- The SE Subcommittee has also developed an educational handout that includes:
 - Two (2) workflows on how providers can utilize CRISP social needs tools to identify an individual's social needs.
 - Steps that outline where social needs data is located in the CRISP environment.
 - Links to the CRISP DC webpage for additional information.

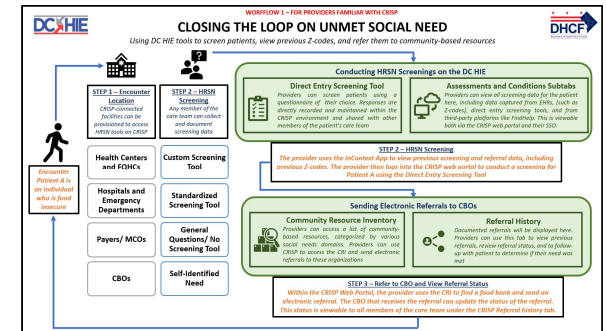
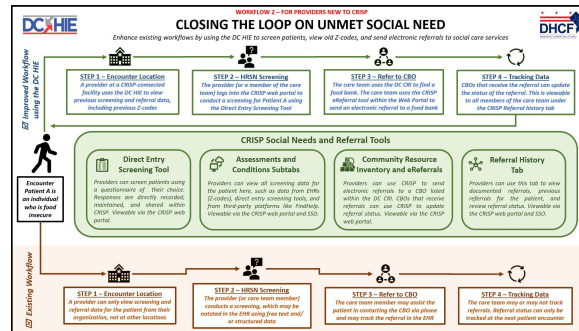
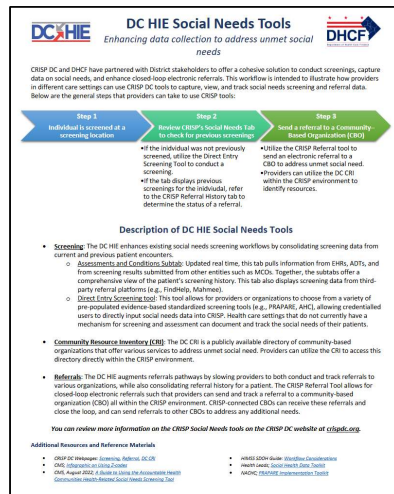


A printed copy of the recommendation is available for review



Department of Health Care Finance | 33

Stakeholder Engagement Subcommittee Update



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 - Two (2) workflows on how providers can utilize CRISP social needs tools to identify an individual's social needs.
 - Steps that outline where social needs data is located in the CRISP environment.
 - Links to the CRISP DC webpage for additional information.

A printed copy of the recommendation is available for review



Board Action:
Approval of
Education Materials



Vote to approve the use of
educational materials
regarding DC HIE tools for
Health-Related Social Needs
screening and referral

BREAK



The meeting will resume at 4:00 pm

Bathrooms are past the elevators
and to the right!

HEART RATE

SPEED RISE/FALL



Update on DC HIE Tools to Enhance Advance Care Planning

Nathaniel Curry

Project Analyst

DHCF

Corey Main

Project Manager

CRISP DC

Allocated Time: 4:00 pm – 4:30 pm (30 mins.)

Advance Care Planning in the District

DC Legislation

Sec. 21-2221.14a

Required development of a secure, cloud based eMOST and advance directives registry connected to the Health Information Exchange (HIE)

Mayor's Commission on Healthcare Systems Transformation

Recommendation #5

Increase the number of mentally ill persons with an advance directive

Ensure advance directives are accessible via the HIE

Forming the Advance Care Planning Initiative

Since October 2021, DHCF and DC Health have partnered with the Designated DC HIE, CRISP DC, and A|D Vault, an industry-leading advance care planning solutions provider.

A|D Vault's advance care planning platform, called MyDirectives for Clinicians, is embedded in the DC HIE

This tool is available to District providers and other DC HIE users at no cost



Benefits of ADVault Solutions for the District



For Providers

MyDirectives via the CRISP DC HIE

- Create digital ACP documents and portable medical orders
- Upload existing advance directives
- Share advance directive information through the HIE and patient portal
- Track and report time and activity automatically on every interaction for billing and Medicare compliance
- Analyze performance through raw data export to improve quality



For Patients and all DC Residents

MyDirectives.com, a public patient portal

- Document medical goals, treatment priorities, and care preferences
- Designate a health care agent
- Scan and upload existing documents
- Manage all advance care planning documents, including those created by providers
- Share advance directives 24/7 with loved ones, healthcare providers, and other professionals
- Record wishes to provide insight on care decisions

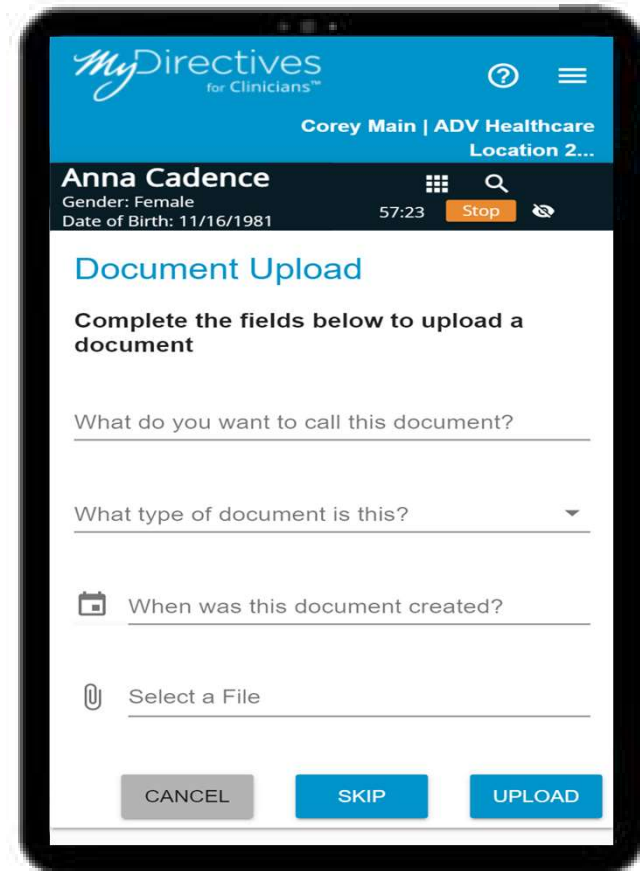
MyDirectives for Clinicians in the CRISP DC Portal

- Once granted access, users will navigate to the patient in CRISP Portal then select the MyDirectives for Clinicians application from the menu.
- If an existing ADVault account does not exist for the patient, you will be prompted to create one.
- From the MyDirectives for Clinicians dashboard, select activities to complete with the patient in your preferred conversation order



MyDirectives for Clinicians: Scan and Upload

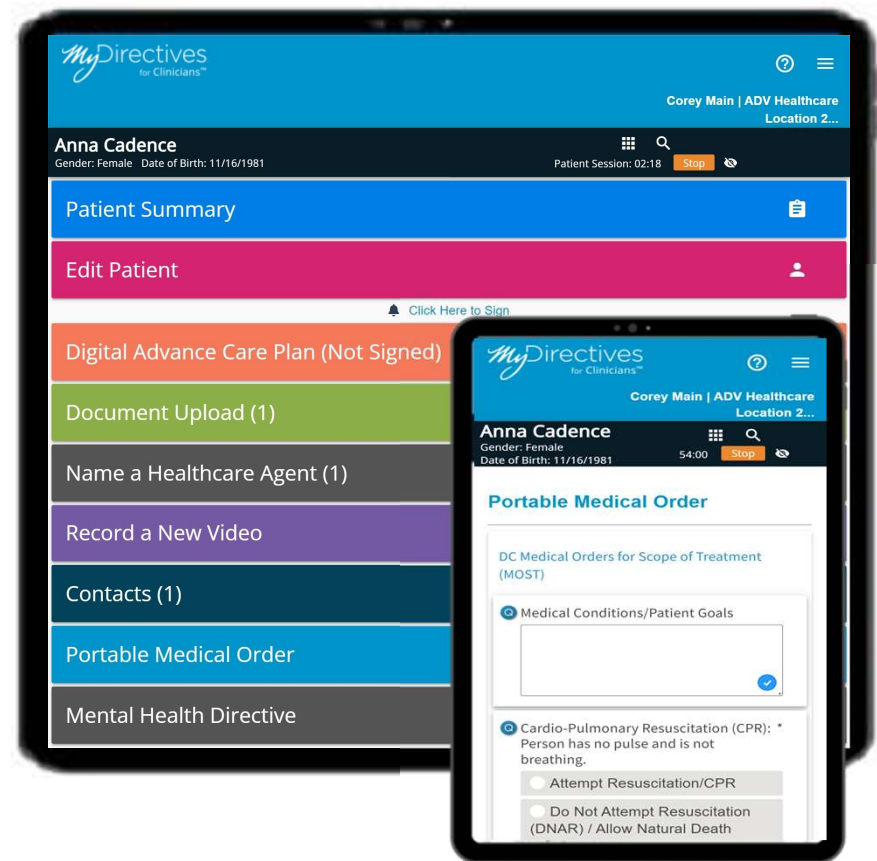
- Scan and upload new and existing ACP documents and portable medical orders via MyDirectives for Clinicians
- Secure storage
- 24/7/365 query and retrieval by medical teams throughout the District and across the country
- Supports multiple document types



The screenshot displays the 'MyDirectives for Clinicians' mobile application interface. At the top, the app's logo is visible alongside a help icon and a menu icon. Below this, the user's name 'Corey Main' and affiliation 'ADV Healthcare' are shown, along with a partially visible 'Location 2...'. A patient profile section for 'Anna Cadence' (Gender: Female, Date of Birth: 11/16/1981) is displayed, including a search icon, a 'Stop' button, and a clock icon showing '57:23'. The main heading is 'Document Upload', followed by the instruction 'Complete the fields below to upload a document'. The form contains four fields: 'What do you want to call this document?' (text input), 'What type of document is this?' (dropdown menu), 'When was this document created?' (calendar icon and date input), and 'Select a File' (paperclip icon and file input). At the bottom, there are three buttons: 'CANCEL', 'SKIP', and 'UPLOAD'.

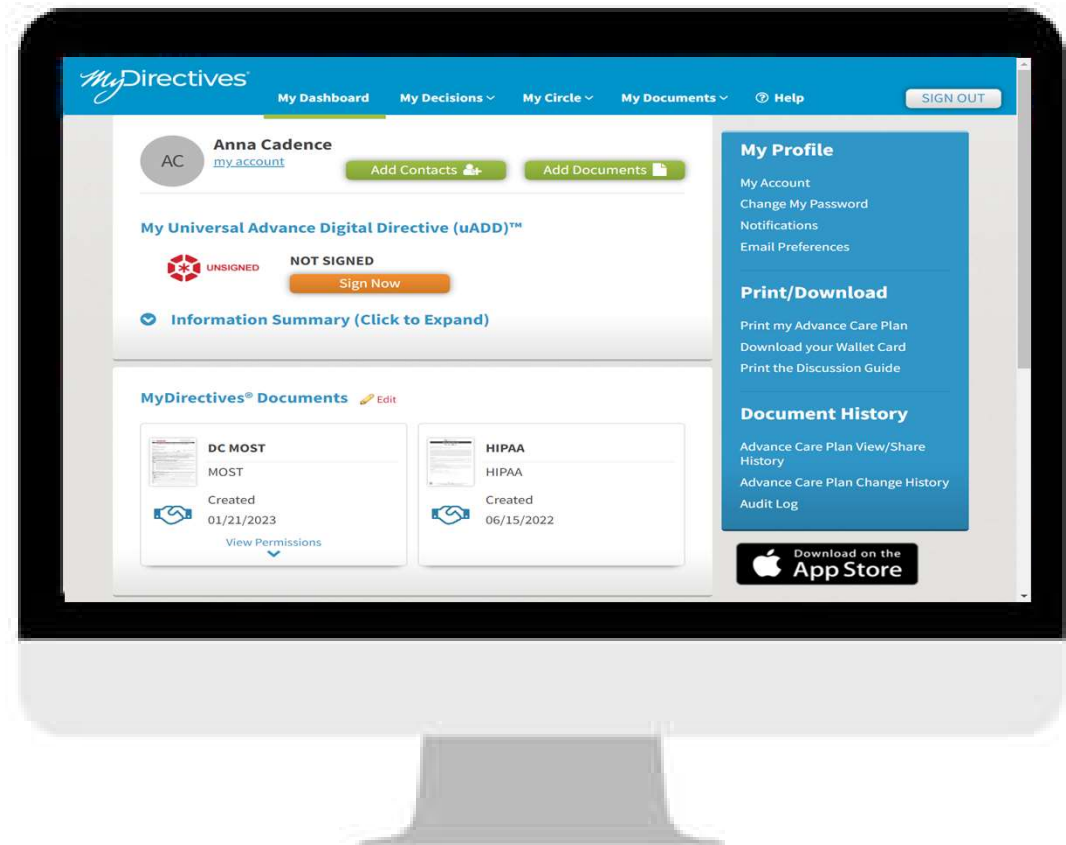
MyDirectives for Clinicians: Form Creation

- Use the intuitive question and answer format to easily guide patients and loved ones through information
- Selections populate standard forms including:
 - DC MOST
 - National POLST
 - Psychiatric Advance Directive
 - Universal Advance Digital Directive (uADD)
- Automatically create digital legal documents
- Securely store digital documents
- Display forms in CRISP DC HIE anytime and anywhere across continuum of care



Patient Access via MyDirectives.com

- Automatic patient notifications of the MyDirectives account creation are sent once:
 - Digital documents are created
 - Paper documents are uploaded
 - Invitation to create a document is sent
- Patients can access their account to to:
 - Review and manage existing advance directive information and video recordings
 - Update or modify an existing Universal Advance Digital Directive
 - Upload advance care planning documents
 - Share decisions with healthcare agent(s), loved ones, and others



View Advance Care Planning Documents via CRISP

- All CRISP users can display the patient's most current thinking on future, urgent, and end-of-life care planning goals and objectives
- Access information via "Care Coordination" tile

HIE InContext Anna Cadence (Mocked)
Female | Nov 16, 1981

CARE TEAM CARE ALERTS REFERRAL HISTORY **ADVANCE DIRECTIVES**

Advance Directives

Hide Home Facility Data

Date ↓	Source	Description	Document
2022-06-19	MyDirectives.com	This patient has a dcmst_3780935_13995349492_auth_20200528105753 available. This document was submitted on 2022-06-19 and is effective on 2020-05-28.	
2022-03-09	MyDirectives.com	This patient has a MOST available. This document was submitted on 2022-03-09 and is effective on 2021-10-07.	
2022-03-09	MyDirectives.com	This patient has a MOST available. This document was submitted on 2022-03-09 and is effective on 2021-10-07.	

Rows per page: 25 1-3 of 3

Powered by CRISP

Advance Care Planning Implementation: Month One

Onboarding and Usage as of April 10th



Number of Webinar Registrants

144



Number of Organizations with Access

12



Number of Users with Access

61



Number of Forms Created

14

Advance Care Planning: Access and Support



Upcoming webinars:

Wednesday, 5/10: 8am, 12pm, 5pm

Friday, 5/12: 8am, 12pm



Technical Assistance

On demand videos and guides

One-on-one demos and trainings



Education

Free patient discussion training via the Integrated Care DC program.

Access request: Email CRISP DC at dcoutreach@crisphealth.org

Project Website: crispdc.org/acp

DC HIE and Division of Digital Health Updates



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



The Department of Health
Care Finance administers
Washington D.C.'s Medicaid
program and oversees the
D.C. Health Information
Exchange marketplace

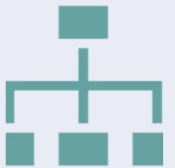


State Health IT Coordinator

DHCF leads digital health policy and strategy as well as implementation of HIE services across D.C.

Regulator

DHCF regulates HIE and manage the registration and designation process for HIEs operating in D.C.



Strategic leader and convener

DHCF convenes stakeholders through the DC HIE Policy Board and elsewhere to remain responsive to evolving digital health needs

Funder and Partner

DHCF leverages local and federal funds to support HIE infrastructure and partners with other health and human services cluster agencies to collaboratively sustain HIE



DHCF Digital Health Team

Division Director



Deniz Soyer

deniz.soyer@dc.gov



Infrastructure & Connectivity



Nathaniel Curry

Project Analyst

nathaniel.curry@dc.gov



Outreach & Technical Assistance



Eduarda Koch

Project Manager

eduarda.koch@dc.gov



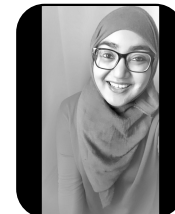
Maava Khan

Program Analyst

maava.khan@dc.gov



Policy & Governance



Asfiya Mariam

Policy Analyst

asfiya.mariam@dc.gov

District Designated HIE Entity Updates

Stephanie Brown

Executive Director

CRISP DC

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

New CRISP DC Team Members



Ronald Emeni
Outreach Manager



Aida Semere
Project Manager



Corrine Jimenez
Project Manager



Jamie Gittelman
Financial and Operations
Coordinator



Corey Main
Project Manager



Elizabeth Mulugeta
Project Manager



Joi Perry
Account Manager



Francesca Charles
Provider Relations
Coordinator



Ashley Braswell
Provider Relations
Coordinator



Abby Lutz
Program Coordinator



► Depart

New CRISP Shared Services Chief Medical Officer

Marc Rabner, MD, MPH is a pediatrician and preventive medicine physician and serves as the Chief Medical Officer at CRISP Shared Services (CSS). Dr. Rabner advances interoperability to improve how care is delivered in all CSS regions to make the healthcare system work better for patients and their care teams and ultimately improve patients' health. Dr. Rabner's professional interests focus on the intersection of clinical care, public health, and information technology.

Dr. Rabner has led the social determinants of health strategy and initiatives at CSS. He has helped CSS affiliates develop and implement tools to enhance SDOH data interoperability to empower patients' care teams with the data they need to improve these crucial drivers of patients' health outcomes. Dr. Rabner has also worked with healthcare, health plan, local and state leaders to improve the health of populations in public health priority areas such as pediatric asthma, maternal health, COVID, and diabetes.

Dr. Rabner studied Neuroscience and Behavioral Biology at Emory University and Medicine at the University of Pennsylvania where he focused on community and immigrant health. Dr. Rabner trained in General Pediatrics at the Children's Hospital of Philadelphia, where he practiced hospital medicine for 8 years. **He is currently a pediatric hospitalist at Children's National Medical Center in Washington, DC.** To have more impact outside of the hospital walls, he received further training at the Johns Hopkins Bloomberg School of Public Health where he completed his General Preventive Medicine and Public Health Residency and received a Master in Public Health.



Parsing Data For Updated User Interfaces

CRISP DC

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SEND FEEDBACK PRODUCT UPDATES JIM PERRY LOGOUT

HOME Search Applications & Records

HIE InContext

GILBERT GRAPE

Continuity of Care Document

Continuity of Care Document (November 18, 2021, 12:06:43AM -0500)

Patient:	Legal: GRAPE, Gilbert	Patient ID:	576625 (1.3.6.1.4.1.19372.4.57662)	Date of Birth:	January 1, 1964 (27yr)	Gender:	M
Encounter:	ID: 1004027626 (1.3.6.1.4.1.19372.4.57662.3.3.4) Date/Time: November 18, 2021 12:06:43AM -0500 / 12:06:43AM -0500						
Encounter Location ID:	Care provided. Date/Time: from November 18, 2021, 12:06:43AM -0500 to						
Author:	JACOBS, Tim (MCHQ), Authored On: November 18, 2021, 12:06:43AM -0500						
Author:	Professional ID# 20733.0.1015, Organization: Tanaka Medical Center, Admission Consulting Services, Authored On: November 18, 2021, 12:06:43AM -0500						

Problems

No Problem information available

Allergies and Adverse Reactions

No Allergy information available

Medications

No Medication information available

Social History

No Social History information available

Smoking Status

Never smoking, consuming alcohol

Powered by CRISP

Continuity of Care Document (November 18, 2021, 08:05:53 -0400)

Encounter:	Legal: 1004027626 (1.3.6.1.4.1.19372.4.57662.3.3.4) Date/Time: November 18, 2021 12:06:43AM -0500 / 12:06:43AM -0500	Date of Birth:	January 1, 1964 (27yr)	Gender:	M
Encounter Location ID:	Care provided. Date/Time: from November 18, 2021, 12:06:43AM -0500 to				
Author:	JACOBS, Tim (MCHQ), Authored On: November 18, 2021, 12:06:43AM -0500				

Health Concerns

Health concerns may be documented in an alternate location

Allergies, Adverse Reactions, Medications

No allergy information available

Social History

No Social History information available

Smoking Status

Never smoking, consuming alcohol

Problems

No problem information available

Medications

No medication information available

Immunizations

No immunization information available

Medical Equipment

No implantable device information available

Procedures

No procedure information available

Referral Requests, Tests and Laboratory Tests

No known relevant diagnostic tests and/or laboratory data

Test Report

No vital signs result information available

page 1 of 2

Guidance from DC HIE PB Technical Expert Panel

Discharge Elements

Discharge Diagnosis	Reason for Visit	Laboratory Results	Immunizations
Discharge Medications	Medication Allergies	Discharge Appointments	Vital Signs
Plan of Care	Procedure Notes	Consult Notes	Point of Contact
Summary of Care			

Parsing Data – Z Codes

5 FQHCs and 12 other DC sources, including hospitals, contributing social needs z-codes from CCDs and ADTs
47,906 z-codes available from ADTs
8,667 z-codes available from CCDs
41,443 Medicaid beneficiaries with z-codes available in the HIE

HIE InContext

PATIENT INFORMATION

CLINICAL DATA

MEDICATION MANAGEMENT

CARE COORDINATION

SOCIAL NEEDS DATA

DATA FROM CLAIMS

ASSESSMENTS

CONDITIONS

REFERRAL HISTORY

Conditions

Date ↓	Source	Z-Code	Description
2022-01-27	ARS	Z59.1	Inadequate housing
2022-01-25	ARS	Z56.0	Unemployment, unspecified
2021-09-30	ARS	Z60.2	Problems related to living alone
2021-07-01	ARS	Z63.4	Disappearance and death of family member

Rows per page: 25

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Gilbert Grape

Other | Jan 1, 1984

Parsing Data – Medication Upon Discharge

HIE InContext

PATIENT INFORMATION

CLINICAL DATA

MEDICATION MANAGEMENT

CARE COORDINATION

SOCIAL NEEDS DATA

DATA FROM CLAIMS

Powered by CRISP

Gilbert Grape

Male | Jan 1, 1984

MEDICATION MANAGEMENT

CAPTURED MEDICATIONS

LAST 90 DAYS

ALL

Captured Medications - Last 90 Days

May not reflect a patient's complete medication history

Generic Name ↑	Medication Name	Dose	Sig	Prescriber	Start Date	Capture Date
acetaZOLAMIDE 250 MG Oral Tablet	acetaZOLAMIDE (DIAMOX) 250 mg Immediate Release tablet	250 mg	Take 1 tablet (250 mg total) by mouth 2 (two) times daily.	—	2022-09-20	2022-09-20
amitriptyline HCl 10 MG Oral Tablet	amitriptyline (ELAVIL) 10 mg tablet	10 mg	Take 1 tablet (10 mg total) by mouth nightly.	—	2022-09-20	2022-09-20
ergocalciferol 1.25 MG (50,000 UNT) Oral Capsule	VITAMIN D2 1,250 mcg (50,000 unit) capsule	1	take 1 capsule by mouth every week	—	2022-09-20	2022-09-20
LEVITRA 10 MG Oral Tablet	sildenafil (LEVITRA) 10 MG Tab	1	take 1 tablet by mouth if needed for ERECTILE DYSFUNCTION	—	2022-09-20	2022-09-20
▼ ⚠ rosvastatin calcium 20 MG Oral Tablet	rosuvastatin (CRESTOR) 20 mg tablet	1	take 1 tablet by mouth once daily	—	2022-09-20	2022-09-20
		20 mg	Take 1 tablet (20 mg total) by mouth daily.	—	2022-09-20	2022-09-20

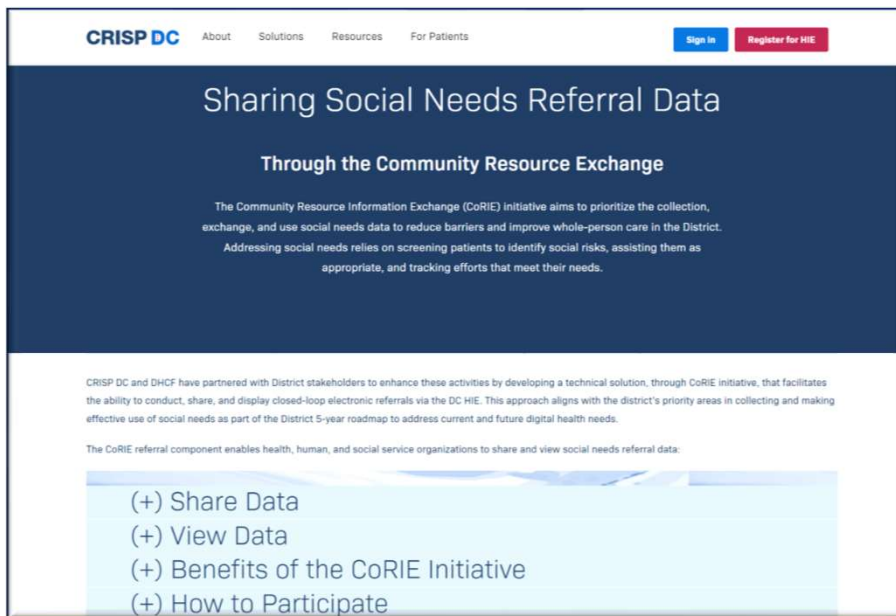
Rows per page: 25 1-5 of 5

Parsing Data – Problems/Reason for Visit

The screenshot shows the 'HIE InContext' interface for a patient named GILBERT GRAPE, Male, born Jan 1, 1984. The 'PROBLEMS' tab is selected, displaying a table of medical issues. The table has columns for Date of Onset, Most Recent CCD Date, Code, Description, and Source. Three problems are listed: Anemia, unspecified (2022-06-07), Bipolar 1 disorder, manic, moderate (2020-02-19), and Abnormal cardiovascular stress test (2019-10-17). The interface includes a search bar, a sidebar with navigation icons, and a footer with pagination information.

Date of Onset ↑	Most Recent CCD Date	Code	Description	Source
2022-06-07	2002-06-07	—	Anemia, unspecified	Adventist HealthCare - Enterprise
2020-02-19	2002-06-07	—	Bipolar 1 disorder, manic, moderate	Montgomery General Hospital
2019-10-17	2002-06-07	R94.39	Abnormal cardiovascular stress test	Laurel Urgent Care Centers

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Update on DC HIE Interagency Data Use Workgroup

Deniz Soyer

Division Director, Digital Health

Allocated Time: 4:40 pm – 4:50 pm (10 mins.)

DC HIE Interagency Data Use Workgroup

- In January 2023, Division of Digital Health established a new centralized process to receive, triage, and implement use cases that request data maintained by the DC HIE.
- The ***DC HIE Interagency Data Use Workgroup*** was created to review submitted use cases to streamline the review of all use cases received.
- The process includes submission of a standardized [Smartsheet](#) form with use case details, a presentation by the requesting party, an analysis of technical and policy implications that impact the implementation of the use case.

Since January, Three (3) Use Cases Submitted and Reviewed by the Workgroup

Cancer Screening

Firearm Injury Surveillance

Transportation Injury Surveillance

Cancer Screening Use Case

DC3C Cancer Screening Data Use Case

Use Case Received: February 6, 2023; **Workgroup Review:** February 13, 2023

Submitted by: Ms. Senkuta Riverson, DC Colorectal Cancer Control Program (DC3C) coordinator, DC Health

Use Case Description: The DC3C program is a CDC-funded program that aims to increase the uptake of breast, colorectal, and cervical cancer screenings by implementing evidence-based interventions, with a focus on primary care providers who serve high-risk populations. This use case requested aggregate data on breast and colorectal cancer screenings and outcomes with the goal of using these data internally at DC Health to identify subpopulations for targeted screening initiatives.

Workgroup Decision: Use Case is Denied. Disclosure of requested data does not fit within one of the Primary Uses listed within Section 8703.2 of the DC HIE Rule. While all malignant cancer cases are reportable by District law, the rates of cancer screenings and their subsequent results are not reportable. However, Workgroup expressed strong support for use case and affirmed that such use cases are aligned with the DC HIE's function as a Health Data Utility and is, broadly speaking impactful and beneficial to public health

Policy Solutions for enabling this use case:

- Revisiting Current District Regulations on Reportable Conditions
- Revisiting DC HIE Rule and the Development of a Secondary Use Policy

Firearm Injury Surveillance Use Case

Firearm Injury Surveillance

Use Case Received: January 23, 2023; **Workgroup Review:** March 13, 2023

Submitted by: Mr. Kenan Zamore, Center for Policy, Planning and Evaluation, DC Health

Use Case Description: DC Health is one of 10 state health departments funded to provide surveillance data in near-real time on ED visits for nonfatal firearm injuries as part of the [*CDC's Division of Violence Prevention's Firearm Injury Surveillance Through Emergency Rooms \(FASTER\) initiative*](#). Hospital data with these indicators is received once a year and cannot be used effectively to reduce firearm related morbidity and mortality. This use case seeks more regular feeds of ED encounters for firearm injuries to help establish risk factors for fatal/non-fatal shootings and better understand the toll of gun violence.

Workgroup Decision: Use Case is Denied. Disclosure of requested data does not fit within one of the Primary Uses listed within Section 8703.2 of the DC HIE Rule. Firearm injuries are not reportable conditions for public health, despite being required reporting to MPD. Despite its finding, the Workgroup expressed strong support for the goal of the use case and affirmed that it may help improve injury surveillance in the District.

Policy Solutions for enabling this use case:

- Revisiting Current District Regulations on Reportable Conditions
- Revisiting DC HIE Rule and the Development of a Secondary Use Policy

Transportation Injury Surveillance Use Case

Transportation Injury Surveillance

Use Case Received: January 23, 2023; **Workgroup Review:** March 13, 2023

Submitted by: Julia Snegg/Jaime Fearer, Office of Health Equity; Kenan Zamore, Center for Policy, Planning and Evaluation, DC Health

Use Case Description: DC Health is currently collecting data on both transportation-related injuries from DC Fire/EMS and deaths from DC Health's Vital Records Department (VRD). This use case seeks to incorporate hospital information to enhance surveillance of transportation-related/roadway injuries and deaths. The project is in response to the adoption of the DC Vision Zero Strategy. As part of its development of a road injury surveillance system to improve the detection, accuracy, tracking, and analysis of transportation-related injuries within the District.

Workgroup Decision: Use Case is Denied. Disclosure of requested data does not fit within one of the Primary Uses listed within Section 8703.2 of the DC HIE Rule. In addition, while fatal injuries are reportable to the Federal government, non-fatal roadway injuries are not required reporting. Workgroup members expressed support for the goal of the use case and affirmed that it may help improve injury surveillance.

Policy Solutions for enabling this use case:

- Revisiting DC HIE Rule and the Development of a Secondary Use Policy

Some things to keep in mind when submitting use cases...

- Per the DC HIE Rule, CRISP DC is only allowed to share data for specific use cases.
- Proposed DC HIE use cases must have a defined purpose for the use of data, data elements requested, how data will be used, and who the end users are.
- Many use cases proposed to date:
 - Are aligned with the DC HIE's envisioned function as a Health Data Utility, BUT
 - Have been denied as disclosure of the requested data does not fit within one the Primary Uses of data listed within § 8703.2 of the DC HIE rule (which we are looking to expand to better align with HIPAA).
- Planned updates to the DC HIE Rule and the development of a secondary use policy will in future better support and enable public health and population health use cases.
- For now, public health use cases of the HIE can be developed primarily for reportable conditions – a great starting place to begin filling gaps that exist in public health data.

Have an idea for a Use Case? Please reach out!

- All requestors from DC Government Partner Agencies will be required to complete this form for new uses of the DC HIE: [Smartsheet Link](#) and provide essential information the proposed use case:
 - Use case name, description and goal
 - Data elements requested
 - How the data will be used and who are the end users
 - Time period for request (one-time or ongoing)
 - Funding available, if any
- Requester is notified of receipt and invited to present the use case at an upcoming DC HIE Interagency Data Use Case Workgroup.
- Meets 2nd Monday of the month – next meeting: Monday, May 9
- Any staff from DC Health, DBH, or other sister agency are welcome to attend
- Use cases **must** be submitted no later than 5 business days prior to the meeting date



Public Comments



Allocated Time: 5 mins.

Next Steps/ Adjournment



Allocated Time: 5 mins.

Next HIE Policy Board Meeting

- **Date and Time:** July 20, 2023 from 3:00 pm to 5:00 pm ET
- **Location:** Virtual Meeting – WebEx

Stay tuned for more information closer to the meeting date!