

DISTRICT OF COLUMBIA
HEALTH INFORMATION
EXCHANGE
POLICY BOARD
MEETING



July 19, 2018, 3:00 – 5:00 PM



AGENDA

- **Call to Order**
 - **Swearing-in Ceremony for New and Reappointed Members**
 - **Roll Call**
 - **Announcement of Quorum**
- **Welcome New Board Members**
- **Q&A on DDCF HIT/HIE Ongoing Projects**
- **SMHP Revisions Based on Feedback**
- **Break**
- **Strategic Planning for the HIE Policy Board**
- **Public Comments/ Next Steps/Adjournment**

Welcome to the Board!



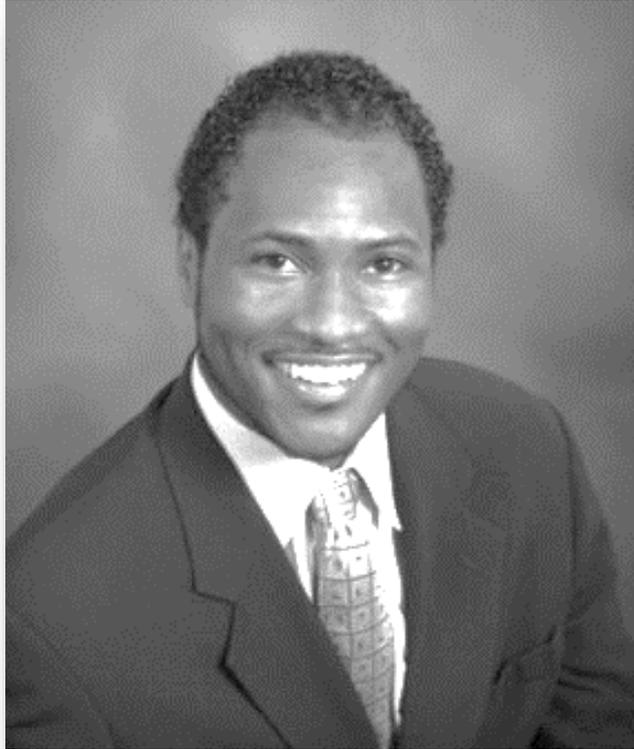
Kalyani Marathe, MD, MPH

Kalyani Marathe, MD, MPH, is a pediatric dermatologist at Children's National Health System and is an Assistant Professor of Pediatrics and Dermatology at George Washington University School of Medicine and Health Sciences. She serves as the Medical Director of Informatics Ambulatory for Children's National and has an interest in improving health care outcomes for patients by using technology.

Dr. Marathe is board certified by the American Academy of Dermatology and Pediatric Dermatology. Her interests include vulvar disease, atopic diseases, acne, genetic skin disorders including epidermolysis bullosa, pigmented lesions such as moles and other birthmarks, wound care, vascular birthmarks, and laser therapy.

Dr. Marathe currently participates in two multidisciplinary clinics: a vulvar diseases clinic with pediatric gynecology and a connective tissue disease clinic with pediatric rheumatology.

Welcome to the Board!



Eric Marshall, MD

Eric Cornelius Marshall, MD, is originally from northwestern Ohio. He trained in Family Medicine at the University of Maryland, Baltimore in which he served as Chief Resident in his third year. After he completed his training, he joined Gerald Family Care, PC August 6, 2001.

Dr. Marshall has enjoyed his career with Gerald Family Care, PC, as he supports its goal of bringing quality and affordable health care to the Diaspora of the people of the District of Columbia, Maryland and Virginia.

Dr. Marshall has been involved with several transformative processes with the Gerald Family Care team including the implementation of the EMR in February 2010 and assisting with the achievement of becoming an NCQA recognized Level 3 Patient Centered Medical Home since 2011. The practice actively utilizes CRISP, ENS Prompt and both the MD and DC based PMDB to continue to provide safe and effective care for its patients.

He also serves as the Chief Medical Officer for Gerald Family Care and the medical director for MinuteClinic of DC.

Dr. Marshall welcomes new patients and is Board Certified by the American Board of Family Medicine and is a Fellow of the American Academy of Family Physicians.

Welcome to the Board!

Yavar Moghimi, MD



Dr. Yavar Moghimi is a board-certified psychiatrist and is the Chief Psychiatric Medical Officer for Amerihealth Caritas DC, the largest Medicaid Managed Care Organization in Washington DC. In that role, he has worked on improving quality measures and outcomes for the 120,000+ lives they cover in DC through value-based contracts, stakeholder engagement and addressing social determinants of health.

He is excited to be joining the HIE policy board because he recognizes true integration of behavioral health services into primary care will require more behavioral health providers to be actively engaged in using and contributing to our HIE platforms.

Welcome to the Board!

Janis M. Orlowski, MD, MACP



Janis M. Orlowski, MD, MACP, is the Chief Health Care Officer with the Association of American Medical Colleges (AAMC). In this role, she focuses on the interface between the health care delivery system and academic medicine, especially regarding how academic medical centers can leverage their expertise in research and innovation to support emerging reforms.

Dr. Orlowski is board-certified in both internal medicine and nephrology. She earned a Bachelor of Science degree in biomedical engineering from Marquette University in 1978 and her MD from the Medical College of Wisconsin in 1982. Her residency, term as Chief Resident and Fellowship in Nephrology) were all completed at Rush University Medical Center.

Welcome to the Board!



Amanda Rhoads, MSN, FNP-C

Amanda Rhoads is a board certified Family Nurse Practitioner. She currently practices at Community of Hope, a community health center in Ward 8, providing primary care to all ages. Previously, she has practiced in Seattle, WA and Charleston, SC in community and public health, as well as a combination of both urban and rural settings.

She is passionate about working with undeserved children and adults, providing compassionate, evidence-based medicine. She has special interests in pediatrics, women's health and public health.



Q&A on DHCF HIT/HIE Ongoing Projects



Michael Fraser, MPH
Management Analyst



Nina Jolani, MS
Program Analyst



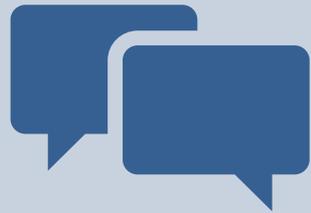
Eduarda Koch, MS, MBA
Project Manager



Noah Smith, MPH, EMT
Program Manager



Deniz Soyer, MBA, MPH
Project Manager



SMHP Revisions Based on Feedback

SMHP Public Comment Period Generated Positive and Substantive Feedback

Public Comment Period (April 25 – May 25, 2018)

- Conducted outreach presentations
- Emails sent to approx. 52 organizations
- Almost daily presence on Facebook and Twitter

22 Comments received during public comment were generally positive and agreed with the importance of:

- Health IT as an enabler in supporting patient centered care
- Bridging the connectivity gaps between providers, care partners, and patients

Public Comments recommended expanding discussion of:

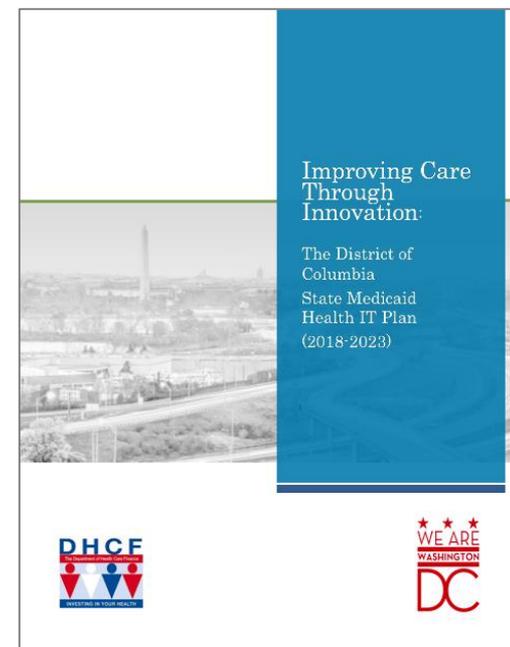
- Telemedicine and telehealth initiatives
- Building consensus around standard screenings and referrals for SDOH
- Behavioral health connectivity
- Privacy and security
- Data quality

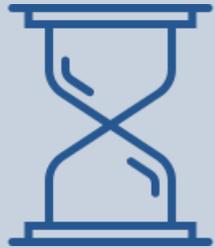
HIE Policy Board Members Provided Thoughtful Feedback During April Meeting

- **Connectivity and Low Adopters.** Explain how connectivity will happen and describe types of support available for low adopters.
- **Provider Workflow.** Explain how HIE will assist and enhance workflow and not interrupt it.
- **Population Health and Public Health.** Explain the conceptual difference and discuss the health IT implications for workflow and supporting interventions
- **Health IT and HIE for Residents.** Explain what health IT and HIE tools and goals impact patients and District's residents.
- **Data Quality.** Discuss importance of data capture consistency, quality, and usability
- **Privacy and Security.** Address privacy and security concerns related to HIE and sensitive data sources, such as behavioral health.
- **Sustainability.** Describe significance of sustainability in HIE. Where does TECCA fit in?
- **Children's Health.** Referencing children as priority population and how the District could be a leader in leverage data to improve child health
- **Use Cases.** Define the projects, what problem they aim to resolve, and explain how each would work
- **Governance** – Describe the governance process and structure for the DC HIE.

DHCF Synthesized Feedback and Enhanced SMHP Content

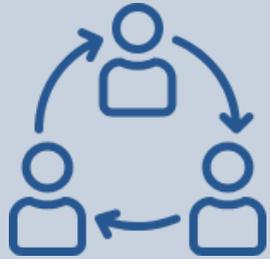
- **Introduction**
 - Framing the content better reflect the District's health priorities and person-centered care
 - Improved articulation of problem statement
 - Clear distinction between population health management and public health
- **Section 2. Health and Health Care in the District**
 - Stronger inclusion of District-wide health priorities and how HIE is part of the solution
- **Section 3. Current Landscape of Health IT in the District**
 - New content on telehealth and sustainability of the DC HIE
- **Section 5. Health IT Roadmap**
 - New subsection on foundational steps for HIE, which addresses privacy and security, data quality, sustainability, and HIE governance
 - Use cases now include short vignettes to illustrate the perspective of patients and providers
 - Priority projects are accompanied by goal statements





10 Minute Break

Please be back promptly at 4:00 PM



Strategic Planning for the HIE Policy Board

Why are we Discussing Strategic Planning for the HIEPB?

WHY?

- 1 Beginning of a new 3 year term (2018)
- 2 Member interviews: Diverse opinions about Board role and status of HIE in DC
- 3 SMHP frames the direction of the DC HIE
- 4 Agreement that we need to reach consensus on how HIE Policy Board contributes to DC HIE vision

November 2016 HIE PB Long-Term Goals

- Improve integration of traditionally siloed health-related data and source systems (e.g. care delivery and public health)
- Support a longitudinal picture of person-centered health
 - Increase access and use of data at the point of care, including care coordination
 - Support equitable access and use of health-related information
- Provide information on the health in the District of Columbia to support initiatives to reduce health disparities, enhance health care quality, improve outcomes, and promote wellness.

Review of November 2016 – Roles and Responsibilities

DHCF HIT/HIE Staff Roles & Responsibilities



- ✓ Administer HIEPB, including scheduling, agenda-setting, meeting management, etc.
- ✓ Finalizes and implements policy recommendations from the HIE PB (e.g. criteria for Designation DC HIEs)
- ✓ Develops Federal funding proposals (IAPD) to CMS
- ✓ Manages HIE Grants leveraging IAPD funds
- ✓ Evaluates program progress and reports back to the HIEPB (quarterly and annually)

HIE Policy Board Roles & Responsibilities



- ✓ Sets priorities for the DC HIE
- ✓ Makes formal policy recommendations to DHCF
- ✓ Gathers feedback from the community
- ✓ Facilitates collaboration among key stakeholders
- ✓ Provides resources and connections to DHCF staff to support programs
- ✓ Leads special projects/workgroups to inform recommendations (e.g. Sustainability Subcommittee)

Shift in Role for the DC HIE and the HIE Policy Board

		YEARS		
		2012-2013	2013-2015	2016-Today
DC HIE				
DC HIE Governance Model	The DC HIE is a statewide HIE providing secure, confidential, electronic system to support the exchange of protected health information.	The DC HIE envisioned the procurement of advanced HIE services. ONC, as the regulator, encouraged the DC HIE to partner with existing HIEs mainly for sustainability. The DC HIE reassessed its governance model and considered a partnership approach.	The DC HIE is the District's statewide health information exchange, an interoperable system of registered and designated HIE entities that facilitates person-centered care through the secure, electronic exchange of health-related information among participating organizations supported by a District-wide health data infrastructure.	
DHCF Role	Administer and staff the DC HIE.			Develop rules and processes to regulate the District's existing HIE entities. Use grant-making authority to provide funding to build HIE connections within the District.
HIE POLICY BOARD				
Role <i>(Mayor's Order 2012 & 2016)</i>	To advise the Mayor, the Director of DHCF, and other District agencies, regarding the implementation of secure, protected health information exchange benefiting District stakeholders in accordance with the DHCF Health information Exchange Plan.			To advise the Mayor and the Directors of DHCF, DOH, DBH, DHS, OCTO regarding the enhancement and sustainability of secure, protected exchange of health information among health providers and authorized entities.
Function	Responsible for the daily operation of the DC HIE under the direction and supervision of DHCF. Make recommendations to DHCF on policies essential for HIE implementation, operations, stakeholder engagement, and associated accountability mechanisms.			Make recommendations on HIE efforts available and/or underway within the District (or surrounding regions) under the direction and supervision of DHCF.
Activities	Developed subcommittees to provide guidance on legal/policy/privacy, governance, business and technical operations, and technical infrastructure for the DC HIE.	Sustained some subcommittees which included finance, technology, etc. Developed use cases to advance IAPD and other future sources of funding. Organized the DC HIE Summit. Developed and discussed future governance models.	Currently two subcommittees exist: 1) sustainability subcommittee to assess financial drivers of HIE in DC, and develop private payer engagement strategies. 2) designation subcommittee to provide expertise and guidance on the drafting and implementation of the HIE Designation rule.	

What are the Key Findings from the Member Interviews?

- *6 Members Interviewed (Ongoing)*
- *Conducted April 2018*

Key Findings:

- Members stated the significant shift in DC HIE has redirected the strategic path and **altered the role and function** of the Board in recent years
- Members are interested in **being more involved** on the Board and request direction from DHCF
- Members believe the Board is a **valuable forum** for a diverse mix of stakeholders to discuss important issues
- Members expressed a need to **define their engagement and contributions** to ensure the Board is successful

Thank You for a Successful FY 2017 & 2018!

Designation Subcommittee



- ✓ Feedback on two-step registration and designation process
- ✓ Recommendations on adoption of HIE definitions
- ✓ Recommendations on how rulemaking will impact existing HIEs and new HIEs in the DC market

State Medicaid Health IT Plan



- ✓ Direction, feedback, and prioritization of the HIE use cases
- ✓ Review and confirmation on IAPD development

Sustainability Subcommittee



- ✓ Developed stakeholder interview guide used in SMHP process
- ✓ Stakeholder findings analysis presented at special meeting on sustainability in August 2017

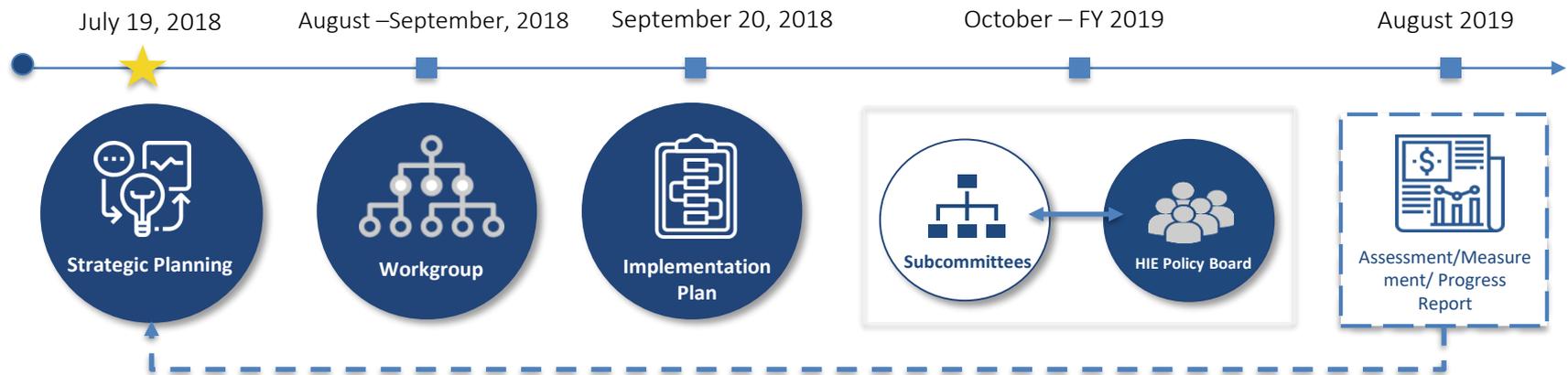
**Ongoing
feedback on the
HIE tools
developed
under grant to
CRISP**

Strategic Planning Questions for Discussion

1. The SMHP outlines a five-year plan for the DC HIE. How can the Board best contribute to the implementation of the SMHP?
2. Based on your experience on the HIE Policy Board, or other Board(s) you have been involved in, what does it mean to you to be an engaged Board member? What types of activities or accomplishments would you want to be personally engaged in to feel that the time you have contributed to the Board is meaningful?
3. How would you like to engage the community stakeholders you represent?
4. How have the HIE Policy Board's subcommittees been successful and how can they evolve to best meet the functions of the Board [If relevant]?
5. How will you evaluate the success of the HIE Policy Board and of your role as an individual Board member a year from now? Three years from now?

STAFF RECOMMENDATION FOR BOARD ACTION

Vote to establish a workgroup to recommend permanent subcommittee structure and responsibilities at the September 2018 meeting.



Vote on slate of members for workgroup.