

Subcommittee: HIE OCE

Chair: Ms. Lucinda Wade

Vice-Chair: Ms. Gayle Hurt

Date: October 24, 2019

Status: Final



District of Columbia Health Information Exchange Policy Board

Recommendation to Standardize Health Information Exchange Terminologies and Definitions for the DC HIE

I. SUMMARY

The DC Department of Health Care Finance governs and regulates the DC HIE by establishing and adopting community-based and nationally recognized standards to guide the efficient and secure transmission of health information. This recommendation sets to address the challenges and inconsistencies of health IT and health information exchange related terminology and definitions by establishing a common glossary list for the DC HIE.

II. PROBLEM STATEMENT

Terminologies used in the health IT and health information exchange industry may sometimes vary in meaning, concepts, and applications across stakeholder settings. While nationally there has been an initiative to standardize sets of terms and their definitions, there remains gaps and variations in the use and concepts associated with HIT/HIE terms. These variations in meaning present challenges in the framing of HIE operational concepts and result in hindering progress in interoperability for the DC HIE.

III. SUBCOMMITTEE GOAL AND ACTIVITY

Goal #4 of the HIE Operations, Compliance, and Efficiency subcommittee focuses on making recommendations related to standardizing the terminologies and definitions used for the DC HIE, consistent with the DC HIE rule.

IV. FINDINGS/ANALYSIS

In the preliminary phase of the work, the subcommittee developed a list of DC HIE Rule, DC State Medicaid Health IT Plan, and other HIE related terminologies and definitions (e.g., DHCF HIE grants, new terms from proposed rules such as ONC and CMS, etc.). After several reviews and discussions, the subcommittee determined the following approach in consolidating a standardized glossary list: develop and maintain a complete list of terms and definitions used in the DC HIE Rule and State Medicaid Health IT Plan.

Additionally, the subcommittee concluded that for future iterations, the list will include and integrate operational terms used by District Registered and Designated HIE entities. Where a

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definition does not exist, or a common definition does not exist amongst DC HIE entities, the subcommittee will work collaboratively with the DC HIE Policy Board and the DC HIE entities to map the variations in definitions and reach a consensus.

V. RECOMMENDATION FOR BOARD ACTION

The DC HIE Policy Board endorses the adoption of the attached DC HIE Glossary and recommends that Department of Health Care Finance make this information available on its website, within a one-year timeframe, to meet the requirements of the DC HIE Rule.

Additionally, the Board recommends that the Department of Health Care Finance refines and updates the list on an ongoing basis through the HIE Operations, Compliance, and Efficiency subcommittee.

Committee Members: Mr. Ryan Bramble, Mr. Jim Costello, Mr. Michael Fraser, Ms. Cynthia Graves, Ms. Gayle Hurt, Ms. Donna Ramos-Johnson, Ms. Nina Jolani, Mr. Robert Kaplan, Ms. Eduarda Koch, Mr. Mike Noshay, Ms. Adaeze Okonkwo, Mr. Noah Smith, Ms. Lucinda Wade

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DC HIE Glossary Version 1

Admission-Discharge-Transfer (ADT)	The Health Level 7 (HL7) message containing patient information and trigger events such as patient admit, discharge or transfer. ADT messages have a standard format to define the trigger event to include the message header, event type, patient identification, additional demographics, and patient visit information (diagnosis, procedure, etc.).
ADT Data	Provides administrative information on hospital “admissions, discharges, and transfers.” ADT data can alert treating providers if their patient has been admitted to the hospital, enabling timely follow-up.
Authentication	The process of establishing confidence in user identities electronically presented to an information system.
Authorization	Has the meaning provided in 45 CFR § 164.508
Authorized User	A person identified by a participating organization or a HIE entity, including a health care consumer, who may use, access, or disclose protected health information through or from a health information exchange for a specific authorized purpose and whose HIE access is not currently suspended or revoked.
Breach	The meaning provided in 45 CFR § 164.402
Business associate	The meaning provided in 45 CFR § 160.103
Claims Data	The most prevalent source for structured health data. Paid claims can help providers understand which services were rendered in a specific care setting. Claims may also reduce duplication of services.
Clinical Data	Is most commonly exchanged in HIEs via Continuity of Care Documents (CCDs), which provide a common, structured format to share clinical data from the EHR. Elements of a CCD include structured information on vitals (e.g. BMI or blood pressure), lab test results, and medications.

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Continuity of Care Document (CCD)	A harmonized format and interoperable standard for exchanging clinical information (including patient demographics, medications and allergies) among providers to improve patient care, enhance patient safety and increase efficiency.
Core elements of the Master Patient Index	The minimum elements that are: (a) Required for an HIE entity to identify a particular patient across separate clinical, financial, and administrative systems; and (b) Needed to exchange health information electronically.
DC HIE	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 information among participating organizations supported by a District-wide health data infrastructure.
Designated HIE	An HIE entity that has applied for and received designation from the Department of Health Care Finance in accordance with Chapter 87, District of Columbia Health Information Exchange, of Title 29, Public Welfare, of District of Columbia Municipal Regulations.
Disclosure	The release, re-disclosure, transfer, provision, access, transmission, communication, or divulgence in any other manner of information in a medical record, including an acknowledgment that a medical record on a particular health care consumer or recipient exists, outside the entity holding such information.
eClinical Quality Measure (eCQM)	A standard for quality measures from electronic health records (EHR) and/or health information technology systems to measure health care quality. The Centers for Medicare & Medicaid Services (CMS) use eCQMs in a variety of quality reporting and incentive programs. eCQMs are an improvement over traditional quality measures because if the EHRs are not used, the work to gather the data from medical charts, e.g. “chart-abstracted data,” is very resource intensive and subject to human error.

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Electronic health record	An electronic record of health information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.
Health care consumer	Any actual or potential recipient of health care services, such as a patient in a hospital.
Health care provider	<p>A person who is licensed, certified, or otherwise authorized under District law to provide health care in the ordinary course of business or practice of a profession or in an approved education or training program;</p> <p>(b) Government agencies involved in the provision of health or social services;</p> <p>(c) A facility where health care is provided to health care consumers or recipients; or</p> <p>(d) An agent, employee, officer, or director of a health care facility, or an agent or employee of a health care provider.</p>
Health information	<p>Any information, whether oral or recorded in any form or medium, that:</p> <p>(a) Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and</p> <p>(b) Relates to the past, present, or future physical or mental health or condition of a person, the provision of health care to a person, or the past, present, or future payment for the provision of health care to a person.</p>
Health information exchange	A system that facilitates person-centered care through the secure electronic exchange of health information among approved, qualifying partners in support of health data infrastructure according to nationally recognized standards.
HIE entity	An entity that creates or maintains an infrastructure that provides organizational and technical capabilities in a system to enable the secure, electronic exchange of health information among participating organizations not under common ownership.
HIPAA	The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub.L. No. 104-191, 110 Stat. 1938 (1996)).

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HITECH Act	The Health Information Technology for Economic and Clinical Health Act (Pub. L. No. 111-5, Title XIII, 123 Stat. 226 (2009)).
Incident Response Plan	The documentation of a predetermined set of instructions or procedures to detect, respond to, and limit consequences of a malicious cyber-attacks against an organization’s information system(s).
Master patient index	A database that maintains a unique index identifier for each patient whose protected health information may be accessible through an HIE entity and is used to cross reference patient identifiers across multiple participating organizations to allow for patient search, patient matching, and consolidation of duplicate records.
Non-HIPAA violation	The acquisition, access, use, maintenance, or disclosure of health information in a manner not permitted under District or federal law: (a) which compromises the security or privacy of the health information; and (b) is not a HIPAA violation.
Opt-out	A health care consumer’s election not to participate in the HIE, so that the HIE entity shall not disclose such health care consumer's protected health information, or data derived from such health care consumer's health information, except as consistent with this chapter.
Participating Organization	An entity that enters into an agreement with an HIE entity that governs the terms and conditions under which its authorized users may use, access, or disclose protected health information by the HIE entity.
Point-to-point transmission	A secure electronic transmission of PHI, including, but not limited to, records sent via facsimile or secure clinical messaging service, sent by a single entity that can be read only by the single receiving entity designated by the sender.
Program eligibility and participation data	Provides information on eligibility and participation in programs that support individual health and wellness (e.g. case management, supportive housing, food assistance, and transportation).
Protected health information	A subset of health information that has the same meaning as given in 45 CFR § 160.103 and includes sensitive health information.

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Provider Directory	Serves as a trusted, master index of providers by managing participating individuals’ identification (including electronic address, credentials, specialty, and employment or affiliated organizations).
Registered Resident Agent	An agent of an entity who is authorized to receive service of any process, notice, or demand required or permitted by law to be served on the entity.
Registered HIE	An HIE entity that has applied for and received registration from the Department of Health Care Finance in accordance with Chapter 87, District of Columbia Health Information Exchange, of Title 29, Public Welfare, of District of Columbia Municipal Regulations.
Secondary use	Is the use, access, or disclosure of health information through the registered HIE entity that is not for a Primary Use; subject to any limitations under HIPAA or federal law.
Sensitive health information	A subset of PHI, which consists of: (a) 42 CFR Part 2 information; or (b) Any other information that has specific legal protections in addition to those required under HIPAA, as implemented and amended in federal regulations.
Self-reported data	Includes information, such as health status, collected directly from individuals. This data has proven highly reliable and can be predictive of key health outcomes.
Single-Sign On	The functionality that allows a user to sign on to multiple related, yet independent software systems with a single user identification and password.
System administrator	An individual employee within a participating organization (or an individual employed by a contractor to the participating organization) who is designated by the participating organization to manage the user accounts of specified persons within the participating organization in coordination with an HIE entity.
Third-party system	Hardware or software provided by an external entity to a participating organization, which interoperates with an HIE entity to allow an authorized user access to information through the HIE entity and may include an electronic health record system.

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Unqualified opinion	A written statement by an auditor that financial statements fairly reflect the results of the business organization's operations and its financial position according to generally accepted accounting principles.
Unusual finding	A finding that there was an irregularity in the manner in which use, access, maintenance, disclosure, or modification of health information or sensitive health information transmitted to or through an HIE entity should occur that could give rise to a breach, a violation under this chapter or a violation of other applicable privacy or security laws.

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***** VOTING *****

FIRST MOVEMENT: Dr. Eric Marshall

SECONDED BY: Ms. Zinethia Clemmons

QUORUM: 10

TIME: 3:52 PM

Public Members	<u>Ayes</u>	<u>Nays</u>	<u>Abstain</u>	<u>Not Present</u>
Osinupebi-Alao, Olubukunola				✓
Clemmons, Zinethia	✓			
Herstek, Jessica	✓			
Hettinger, Zach (Aaron)	✓			
Ramos-Johnson, Donna	✓			
Leiter, Alice	✓			
Marshall, Eric	✓			
Moghimi, Yavar	✓			
Orlowski, Janis				✓
Palmer, Justin J. (Vice-Chair)	✓			
Rein, Alison	✓			
Rhoads, Amanda				
Turner, James				✓
Wade, Lucinda	✓			
Pending Appointment				
Lewis, Barry				
Ex-Officio Members				
DBH Vacancy				
Byrd, Melisa	✓			
Hasan, Dena	✓			
Holve, Erin (Chair)	✓			
Krucoff, Barney	✓			
Nesbitt, LaQuandra	✓			
Ex-Officio (Non-Voting) Member				
Whitman, Amelia				