DISTRICT OF COLUMBIA
HEALTH INFORMATION
EXCHANGE
POLICY BOARD
MEETING

July 23, 2020 | 3:00 – 5:00 PM

THIS MEETING IS BEING RECORDED
AGENDA

- Call to Order
  - Virtual Meeting Processes
  - Roll Call
  - Announcement of Quorum
  - New Member Introduction
  - HIE Policy Board Announcements

- Q&A on DHCF HIT/HIE Ongoing Projects
- Announcement of District Registered HIE Entities
- District Designated HIE Entity – CRISP Report to the Board
- HIE Policy Board Subcommittee Workplan Reports
- Public Comments
- Announcements / Next Steps / Adjournment
Virtual Meeting Processes

- **To increase engagement, turn on your video**
- **Mute your microphone upon entry, and until you’re ready to speak**
- **Use the chat function to introduce yourself: Name, Title, Organization**
- **Putting your phone on hold, due to an incoming call, may disrupt the meeting**
- **Speak up, and speak clearly**
- **Voting on a recommendation will require you to say your name followed by either ‘aye’ ‘nay’ ‘abstain’**
Roll Call
Meeting Objectives

1. Review and discuss status reports on DHCF health IT and HIE projects
2. Introduce the District’s Registered and Designated HIE Entities
3. Review and discuss CRISP DC metrics
4. Discuss and vote on subcommittee recommendations
Welcome to the Board!

Chikarlo Leak, DrPH

Policy Director, Office of the Deputy Mayor for Health and Human Services

Board Seat: Ex Officio member, DMHHS
HIE Policy Board Announcements
Q&A on DHCF HIT/HIE Ongoing Projects

- **Allocated Time:** 3:10-3:25 PM (15 mins.)
DHCF REQUEST APPROVED: EMERGENCY SUPPORT FOR HEALTH IT/TELEHEALTH

➢ DHCF developed an emergency request to CMS for HITECH enhanced match (90/10 FFP) to be used to further support telehealth efforts in the District in a continued effort to combat coronavirus (COVID-19).

➢ On July 9, 2020, CMS officially approved the District’s Emergency FFP for a total of $1,248,449.47

➢ Why the request?

   • Without an expedited approval on the requested funding, we risk the ability to continue to work quickly and effectively to:
     1. Encourage the increased adoption of telehealth, and
     2. Reduce the known health care disparity gap in our community

   • These resources will complement the telehealth support received by a handful of local organizations from the Federal Communications Commission COVID-19 funding

   • Opportunity for DC!
Due to the threat of infection with coronavirus, the District of Columbia immediately recognized the need for providers to use Health IT - and telemedicine services in particular - to ensure continuity of care.

March 2020 Scan of Provider Telehealth Needs via Health IT TAs

- **Project**: Designed, organized and deployed an environmental scan through an existing HCRIA contract and grant:
  - eHealthDC and Enlightened, Inc.

- **Purpose**: Collect vital information about the availability and use of telehealth in the community, as well as provider needs

- **Result**: HCRIA identified challenges and technical assistance needs from provider organizations particularly around telehealth
1. Laptops/tablets + Data plans  
   • **To Providers**

2. Telehealth platform licensures  
   • **To Providers**

3. Assist our colleagues at DDS to upgrade their systems and related hardware  
   • **To Staff (DDS funded)**
1. Laptops/tablets + Data plans to Providers
   - The District intends to purchase and loan laptops (including data plans) to providers whose technology capabilities are limited
   - **Rationale**: Reduce the potential exposure to coronavirus by limiting in-person office visits
   - Estimated providers supported = 401

2. Telehealth platform licensures to Providers
   - The District intends to administer HIPAA compliant telehealth platform licensures to providers currently without a telehealth platform today
   - **Rationale**:
     - To allow the affordable feasibility for providers to effectively perform telemedicine services to their patients; and
     - To reduce the potential exposure to coronavirus by limiting in-person office visits
   - Estimated providers supported = 210
3. Assist our colleagues at DDS to upgrade their systems and related hardware for Staff (DDS funded)

1) DDS Staff and Systems Support:
   1. Assistance to upgrade the related hardware to support the assessment, health and wellness, and incident management functions of DDS Staff.

2) DDS Systems Upgrade
   1. Assistance with procuring technology related to upgrading their MCIS database for the people they support.

➢ **Rationale:** To ensure that staff and clients with intellectual and developmental needs

   1) Expand the capabilities for DDS staff to carry oversight, quality, service coordination, and other functions,

   2) Allow for new health data to become available *(including real-time information on COVID-19 testing, hospitalizations, and recovery)*, and lastly

   3) Demonstrate an inter-agency collaboration which further encourages the increase in telehealth participation in the District

➢ Estimated staff supported = 110
INTERESTED IN RECEIVING MORE INFORMATION?

Eduarda Koch, Health IT Project Manager
Health Care Reform & Innovation Administration

Eduarda.Koch@dc.gov | 202-673-3561
Announcement of District Registered HIE Entities

▪ Presenters:
  ▪ Ms. Nina Jolani, Program Analyst, DHCF
  ▪ Ms. Donna Ramos-Johnson, Chief Technology Officer, DCPCA
  ▪ Mr. Ryan Bramble, Executive Director, CRISP DC
▪ Allocated Time: 3:25-3:40 PM (15 mins.)
The DC HIE Rule (Chapter 87 District of Columbia Health Information Exchange of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations) formalizes partnerships to facilitate more cooperation between DHCF and HIE entities.

**District Registered HIE Entities**

- **CRISP**
  - Is a HIE entity that **meets or exceeds privacy, security, and access requirements** for health information exchange.
  - Receives **key opportunities** to engage in discussions with other DC HIE entities.
  - The District Registered HIE Entity status is awarded for a term of **three (3) years**.

- **DCPCA**

**District Designated HIE Entity**

- **CRISP**
  - Is a District Registered HIE Entity that **meets or exceeds the consumer education and auditing requirements** in the DC HIE Rule.
  - Is a key partner to DHCF, the District Designated HIE Entity **supports the ongoing maintenance and operation of the DC HIE infrastructure or services**.
  - The District Designated HIE Entity status is awarded for a term of **five (5) years**.

**The DC HIE Registration Application** is **accepted on a rolling basis**

**The DC HIE Designation Application** **closed September 18, 2019**
Regional HIE Requires Multi-State, Multi-Stakeholder Governance

DC HIEs
- CRISP Board
- CRISP DC Board
- CRISP DC Clinical Committee
- DCPCA Board of Directors
- DCPCA CPC-HIE Operating Committee

DC Advisory Board
- HIE Policy Board
  - HIE Operations, Compliance, and Efficiency Subcommittee
  - TEP on DC HIE Services
  - HIE Stakeholder Engagement Subcommittee
  - HIE Policy Subcommittee

DHCF Governance
- DHCF Data Governance Committee
- DHCF DC HIE Users Committee
- District Designated HIE Entity Meeting
- DC HIE Interoperability Meeting
District Designated HIE Entity – CRISP Report to the Board

- **Presenter:** Mr. Ryan Bramble, Executive Director, CRISP DC
- **Allocated Time:** 3:40-3:55 PM (15 mins.)
Metric 1: Number of Active DC CRISP Users

**Metric Definition**

**User Type**

- All

**Total Users**

9968

**Account Created Date**

1/1/2017 - 7/1/2020

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**Running Total**

- Jan 2017: 6,184
- Jul 2017: 6,661
- Jan 2018: 7,176
- Jul 2018: 7,590
- Jan 2019: 7,912
- Jul 2019: 8,106
- Jan 2020: 8,264
- Jul 2020: 8,559
- Jul 2020 (total): 9,278

**By User Type**

- SSO User: 5,662
- ENI User: 1,323
- Physician: 928
- Licensed Staff: 567
- Physician, Resident: 279
- Intern: 179
- Nurse Practitioner: 148
- Registered Nurse: 147
- Payor User: 109
- Physician Assistant: 95
- Other Licensed Healthcare: 94
- Practice Manager/Admin: 93
- Medical Assistant: 73
- Public Health Personnel: 54
- Licensed Clinical Social Worker: 46
- Social Worker: 45
- Pharmacist: 41
- Clinical Pharmacist: 15
- Family Reunification: 7
- Cancer Registrar: 7
- Certified Nurse Midwife: 7
- Dentist: 7
- Nursing Home Administrator: 7
- Nursing Home Other Staff: 7
- Physical Therapist: 2
- Registered Dietitian: 1
- Researcher: 1

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CRISP DC

Department of Health Care Finance | 19
Metric 3: Number of DC Organizations and Location that are Provisioned to Access ENS

ENS Location Count - Running Total

Total Locations: 404

Practice Type: All

Live Date: 9/21/2012 to 6/29/2020
Metric 4: Number of ENS Transactions from Hospitals Received by District Ambulatory Providers

Metric Definition

Reporting Period
4/30/2019 - 6/30/2020

Monthly Totals

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<tr>
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<th>Transactions</th>
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<td>June 2020</td>
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Metric 9: Number of DC CRISP Users Accessing Patient Care

Metric 9: Number of DC CRISP Users Accessing Patient Care Snapshot

Monthly Totals

By Type

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<td>722</td>
<td>708</td>
<td>676</td>
<td>680</td>
<td>758</td>
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</table>

Department of Health Care Finance | 22
Location Count Running Total

Locations w/ Signed PA
592
ADT Sending Locations
190
CCD Sending Locations
123
Supporting Providers During the COVID-19 Pandemic

1. Communicating positive and negative COVID-19 status to a patient’s care team
   • DC Health provides a daily case file which is used to create public health flags for InContext tools, Care Alerts, and ENS notifications
   • Sharing COVID-19 lab results with hospitals through automated feeds and posting them in Health Records

2. Working with DC Fire & EMS to notify first responders of a positive case subsequent to transport
   • Combines positive results with existing EMS feeds

3. Helping public health officials investigate prior hospitalizations, and race/ethnicity
   • Using ADT data to supplement DC Health data re: previous/current hospitalizations and race/ethnicity data

4. Providing Hospital Volume Reporting to the DC Hospital Association to help their members understand capacity on a day-to-day basis
   • Using ADT data to report on relative patient volume compared to a regular time period.
Launching the Department of Energy and Environment Lead Registry

In Progress

Deploy Functionality to CRISP Test Environment → Marketing Material Creation → DOEE Access to Test Environment → Lead Registry Launch by August 2020
HIE Policy Board Subcommittees
Workplan Presentations

- Allocated Time: 3:55-4:45 PM (55 mins.)
HIE OCE Subcommittee – Purpose, Mission, and Membership

**Chair** Ms. Lucinda Wade  **Vice-Chair**: Ms. Gayle Hurt

**Purpose** Advise, monitor, and improve the community standards for HIE operations in the District.

**Mission** Facilitate the establishment of standards for the DC HIE entities that reflect best practices and ensure consistent operations within the DC HIE.

**Membership**

- **HIE PB Members**: Dr. Jessica Herstek, Dr. Erin Holve, Ms. Donna Ramos-Johnson, Ms. Lucinda Wade

- **Non-Board Members**: Mr. Ryan Bramble (CRISP DC), Mr. Jim Costello (DCPCA/CPC), Mr. Michael Fraser (DHCF), Ms. Gayle Hurt (DC Hospital Association), Ms. Nina Jolani (DHCF), Mr. Robert Kaplan (DHCF), Ms. Eduarda Koch (DHCF), Ms. Adaeze Okonkwo (DHCF)
HIE OCE Recommendation – Goal, Activity, and Problem Statement

Goal
Make a recommendation on data elements to be exchanged at the time of discharge in order to support an effective transition of care - and ultimately, improvement in care quality and health outcomes.

Activity
Draft recommendation to the HIE Policy Board on a list of data elements to be exchanged at the time of discharge.

Problem Statement
Hospital discharge summaries may not always satisfy the documentation requirements needed by community-based providers to facilitate effective transitions of care. In order to understand which data elements within the discharge summary are most relevant to exchange via HIE to facilitate a timely transition of care, the subcommittee reviewed nationally known definitions for data elements assessed from the Hospital Discharge Innovations to Improve Care Transition grant.
Overview of the Transition of Care Data Elements Timeline

- **Jan. 2019** – The HIE Policy Board tasked the Operations, Compliance and Efficiency (OCE) subcommittee with the goal to recommend benchmarks for accuracy, timeliness and completeness of data.

- **Sept. 2019** - The CMS Discharge Rule is published with a recommendation of necessary medical information to be included in the transition of care information sent to the receiving facility.

- **Oct. 2019** - The Hospital Discharge Innovations grant work was completed with initial stakeholder element recommendations.

- **Nov. 2019** - The Mayor’s Commission on Healthcare Systems Transformation recommended the HIE Policy board prioritize the recommendation for a minimum data set that should be transmitted upon discharge to improve transitions of care.

- **Dec. 2019** - The OCE subcommittee had gone through several iterations of how the minimum data set should be defined:
  - The subcommittee initially focused on the summary of care document; but realized the definitions varied on the meaning of a “complete” document.
  - The subcommittee decided to focus on the data elements identified through the Hospital Discharge Innovations grant.

- **Mar. 2020** – The Technical Expert Panel was created to provide guidance on the data elements needed to inform clinical care to foster rapid exchange of information.
Summary of TEP Findings

13 DATA ELEMENTS

- Discharge Diagnosis
- Reason for Visit
- Medication Allergies
- Discharge Medications
- Plan of Care
- Discharge Appointment
- Point of Contact
- Vital Signs
- Immunizations
- Laboratory Results
- Procedure Notes
- Consults Notes
- Goals Progress

1. Defining Data Elements

2. Prioritization of data elements for the transition of care

- Phase 1
- Phase 2
**RECOMMENDATION FOR BOARD ACTION**

<table>
<thead>
<tr>
<th>Phase #</th>
<th>Task Description(s)</th>
<th>Timeframe for Implementation*</th>
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</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>Incorporate modifications/amendments on data element definitions per consensus reached by the TEP and documented in Table 1 of this document. The initial set of data elements are discharge diagnosis, discharge medications, reason for visit, and medication allergies. Further, ensuring that these initial four data elements can be obtained, counted and displayed in the District Designated HIE entity in a real-time basis.</td>
<td>July 2020 – December 2020</td>
</tr>
<tr>
<td>Phase 2</td>
<td>Continue collaborations with the OCE subcommittee and TEP on the remainder of the data element list (laboratory results, discharge appointments, vital signs, consult notes, procedure notes, plan of care, immunizations, point of contact, and goal progress) and assess, using a data quality methodology such as the 3x3 Data Quality Assessment framework, which elements need further refinement, consensus, and resolutions to address technical challenges in operationalizing the element(s) and subsequently the element(s) to be included in the measure.</td>
<td>July 2020 – December 2020</td>
</tr>
<tr>
<td>Phase 3</td>
<td>Evaluate outcomes of phase 1 and 2 and determine any modifications of elements in phase 1 strategy and to incorporate new elements identified in phase 2 into the measure and within the defined location in the District Designated HIE entity.</td>
<td>January 2021</td>
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*Timeline is subject to change*
## HIE OCE Subcommittee: Goals and Activities 2020

<table>
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<tr>
<th>Goal #1 [DC HIE Data Quality]: Recommend benchmarks for accuracy, timeliness and completeness of data.</th>
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<tbody>
<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>1. Develop a recommendation on hospital discharge information</td>
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<tr>
<td>2. Create a clinical advisory committee to advise the DC HIEs on an ongoing basis</td>
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<table>
<thead>
<tr>
<th>Goal #2 [DC HIE Performance Standards]: Recommend baseline operational performance standards.</th>
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<tbody>
<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>1. Define the role of the subcommittee in providing feedback on what is collected and reported</td>
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<tr>
<th>Goal #3: Recommend the types of data that should be a core minimum dataset exchanged among the HIEs in the District.</th>
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<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>1. Complete the collection of information from HIEs on their status of the USCDI V1 Data Elements (currently exchanging, viable to exchanging in near term, not currently exchanging)</td>
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<tr>
<td>2. Collaborate with the Policy Subcommittee to develop a recommendation on USDCI V1 Data Elements based on the District HIE assessment (above)</td>
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<tr>
<th>Goal #4: Adopt and implement emerging best practices/standards for privacy and security of health information</th>
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<tr>
<td><strong>Activities</strong></td>
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<tr>
<td>1. Provide feedback/draft recommendations on policies (to operationalize) for minimum privacy standards (e.g., secondary use of data checklist also NPP recommendation by the policy subcommittee, etc.)</td>
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### Functions

<p>| Develop policies for common definitions and metrics (formerly goal #4) |
| Collect on a quarterly basis (around the timeframe of the HIE PB meetings) |</p>
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<tr>
<th>Creating a pipeline for prioritizing use cases (from stakeholder engagement subcommittee): joint quarterly meetings</th>
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<tr>
<td><strong>Timeframe</strong></td>
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- In Progress
- In Development
- Not started
Policy Subcommittee – Purpose, Mission, and Membership

Chair Mr. Justin Palmer  Vice Chair Mr. Praveen Chopra

Purpose Provide recommendations on public policy initiatives that encourage participation in and the sustainability of the DC HIE.

Membership

- HIE Policy Board Members: Dr. Erin Holve, Ms. Alice Leiter, Mr. Justin Palmer
- Non-Board Members: Mr. Praveen Chopra, Dr. Melissa Clarke (Physician Consultant), Ms. Jill DeGraff (Aperture Law Group), Dr. Greg Downing (Innovation Horizons, LLC), Ms. Evelyn Gallego (EMI Advisors LLC), Ms. Nina Jolani (DHCF), Ms. Mara Kash (Zane Networks), Mr. Luigi LeBlanc (Zane Networks), Ms. Rachel McLaughlin (Whitman Walker Clinic), Ms. Genevieve Morris (Integral Health Strategies), Dr. Jamie Skipper (Elevation Health Consulting), Ms. Rita Torkzadeh (DHCF)
Policy Recommendation – Goal, Activity, and Problem Statement

GOAL & ACTIVITY

The Policy Subcommittee’s goal and activity focused on researching and providing guidance on the range of secondary uses of health information to support DHCF’s development of policy guidance, as required by section 8703.4 of the DC HIE Rule.

PROBLEM STATEMENT

With the secondary use of health information comes complex ethical, political, technical, and social issues. These various issues play a crucial role in limiting public and private sectors on expanding health data volume and access to data. There is a lack of consistent “good practices” or guidelines for the secondary use of health data to improve the U.S. healthcare system. The development of consistent language and guidance will help District HIEs establish proper policies around the secondary use of health data. With adequate policies in place, District HIEs can maintain transparency and trust with patients on the use of such data.
Recommendation #2 for Board Action

**Board Action:** Vote to endorse this recommendation from the Policy subcommittee on the *DC HIE Secondary Use of Health Information Self-Assessment Checklist* and recommend that DHCF make this document available on its website within a 72-hour timeframe from the day of this, July 23, 2020, HIE Policy Board meeting. The DC HIE Entities should complete and send this Checklist to DHCF staff within a timeframe defined and coordinated with DHCF.
## Policy Subcommittee: Goals & Activities for 2020

### Goal #1: Make recommendations to the District government on pending policy issues for the (ongoing) implementation of the DC HIE Rule.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Research and define secondary use policy</td>
<td>Completed</td>
<td>✔️</td>
</tr>
<tr>
<td>2. Research and define guidance for notice of privacy practices for participating organizations</td>
<td>Completed</td>
<td>✔️</td>
</tr>
</tbody>
</table>

### Goal #2: Make recommendations to the District government on strategies to improve understanding of direct to consumer consent management in the District to increase patient trust in the DC HIE.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review consumer education plans of DC HIE entities (registered and designated HIEs) and make recommendations based on nationally known best practices</td>
<td>Ongoing</td>
<td>❌</td>
</tr>
</tbody>
</table>

### Goal #3: Make recommendations to the District government on strategies to inform the impact of local and national HIT/HIE policies on the exchange of health information in the District.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide ongoing recommendations and guidance on local policies impacting health information exchange (e.g. DC Mental Health Act)</td>
<td>Ongoing</td>
<td>✔️</td>
</tr>
<tr>
<td>2. Provide ongoing recommendations and guidance on national policies impacting health information exchange (e.g. ONC's Trusted Exchange Framework and Common Agreement)</td>
<td>Ongoing</td>
<td>✔️</td>
</tr>
</tbody>
</table>

In Progress 🟢 In Development ❌ Not started

Department of Health Care Finance | 36
Stakeholder Engagement Subcommittee – Purpose, Mission, and Membership

**Chair** Dr. Yavar Moghimi  **Vice Chair** Ms. Layo George

**Purpose** Gain and maintain stakeholder engagement for long-term operational and financial sustainability of health information exchange in the District

**Mission** To provide recommendations to the HIE Policy Board on:

- Strategies to promote the value of HIE through discussions and forums with identified stakeholders, and
- The SMHP measurement framework and priorities.

**Membership**

- **HIE PB Members:** Ms. Olubukunola Osinupebi-Alao, Dr. Zach Hettinger, Dr. Erin Holve, Dr. Eric Marshall, Dr. Yavar Moghimi
- **Non-Board Members:** Mr. Ronald Emeni (CRISP), Ms. Layo George (Wolomi), Mr. Mark LeVota (DCBHA), Dr. Dana Mueller (Mary’s Center)
Goal #2: Collaborate with DHCF to promote the value of health information exchange to District stakeholders

**Background:** The DC HIE Summit was scheduled to take place in April 2020. Due to the COVID-19 public health emergency, the subcommittee cancelled the Summit and decided to reschedule the in-person event on a later date. In place of the Summit and for the time being, the subcommittee decided to coordinate a series of webinars with DHCF and CRISP DC on topics related to COVID-19, telemedicine, and health information exchange.

**Update:** The DC HIE COVID-19 webinar was hosted by CRISP DC in collaboration with DHCF and the Stakeholder Engagement subcommittee on May 27th and featured provider perspectives on the use and value of the DC HIE during COVID-19. There were 125 registrants and 96 participants. It was noted that the webinar had one of the highest attendance rates due to the topic and the presenters. CRISP DC intends to continue its collaboration with the subcommittee to develop ideas for future topics and presenters.
Stakeholder Engagement Subcommittee – Goals & Activities for 2020

**Goal #1:** Research District stakeholders and identify their needs to gain understanding on ways to improve their engagement in the District’s HIE initiatives

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct stakeholder exercise to map and identify landscape for engagement in HIE capabilities</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>2. Conduct outreach to identify the barriers and opportunities to participate in the DC HIE</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>3. Research training and educational materials that will be most useful to providers and other stakeholders</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

**Goal #2:** Collaborate with DHCF to promote the value of health information exchange to District stakeholders

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote the value of participating in the HIE with the identified stakeholder groups</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>2. Facilitate discussions and forums to capture stakeholder views on HIE in the District</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>3. Recommend training and educational materials that will be most useful to providers and other stakeholders</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

**Goal #3:** Recommend feedback to DHCF on SMHP evaluation measures

<table>
<thead>
<tr>
<th>Activities</th>
<th>Timeframe</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Collaborate with DHCF and eHealth DC to provide feedback on SMHP measurement framework, define target measures of success</td>
<td>Spring 2019</td>
<td>✔️</td>
</tr>
</tbody>
</table>

*In Progress  In Development  Not started*
Allocated Time: 4:45-4:55 PM (10 mins.)
Announcements/ Next Steps/ Adjournment

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