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
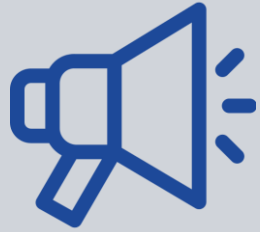
4. Discuss and vote on subcommittee recommendations

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

Nathaniel Curry, BS
Project Analyst

Michael Fraser, MPH
Management Analyst

Nina Jolani, MS
Program Analyst

Eduarda Koch, MS, MBA
Project Manager

Adaeze Okonkwo, MPH
Program Analyst

Deniz Soyer, MBA, MPH
Project Manager

- **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!

WHY THE FOCUS ON TELEHEALTH?

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* <u>*continuity of care.*</u>

March 2020 Scan of Provider Telehealth Needs via Health IT TAs

➢ <u>**Project**</u>: Designed, organized and deployed an *environmental scan*
through an existing HCRIA contract and grant:
  • **eHealthDC** and **Enlightened, Inc.**

➢ <u>**Purpose**</u>: Collect vital information about the availability and use of
telehealth in the community, as well as provider needs

➢ <u>**Result**</u>: HCRIA identified challenges and technical assistance needs
from provider organizations particularly around **telehealth**

1. **Laptops/tablets + Data plans**
   - *To <u>Providers</u>*

2. **Telehealth platform licensures**
   - *To <u>Providers</u>*

3. **Assist our colleagues at DDS to upgrade their systems and related hardware**
   - *To <u>Staff</u> (DDS funded)*

APPROVED CATEGORIES OF TECHNOLOGY

1. **Laptops/tablets + Data plans <u>to Providers</u>**
   - ➤ 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 <u>to Providers</u>**
   - ➤ 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

APPROVED CATEGORIES OF TECHNOLOGY

3. Assist our colleagues at DDS to upgrade their systems and related hardware <u>for Staff (DDS funded)</u>

1) *<u>DDS Staff and Systems Support</u>:*

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

2) *<u>DDS Systems Upgrade</u>*

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
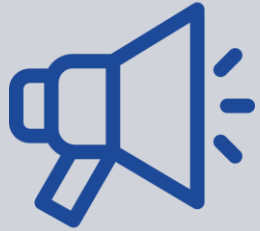
Announcement of District Registered HIE Entities

- **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**

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

- 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.**

The DC HIE Registration Application is accepted on a rolling basis
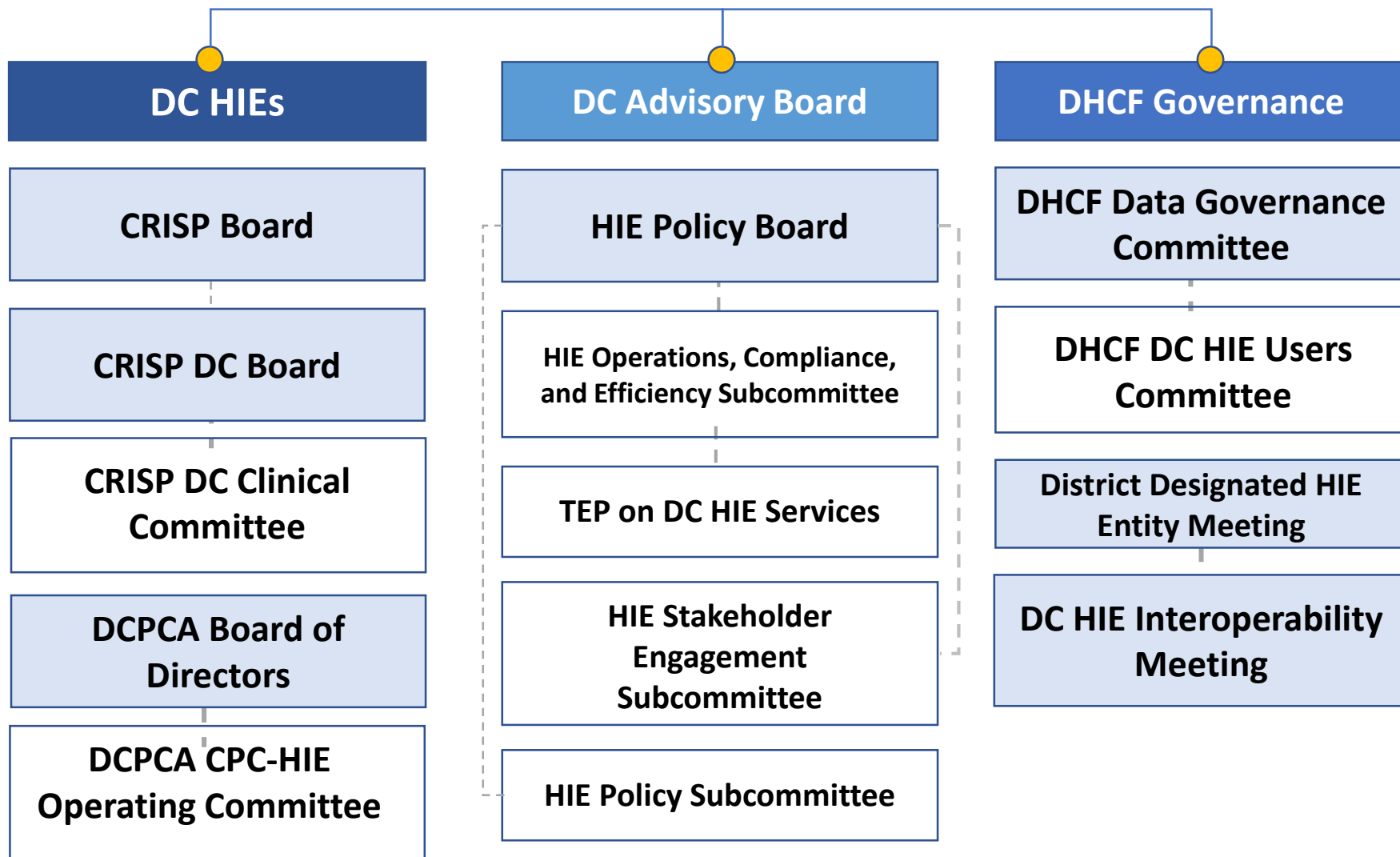
District Designated HIE Entity

- 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 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 1: Number of Active DC CRISP Users
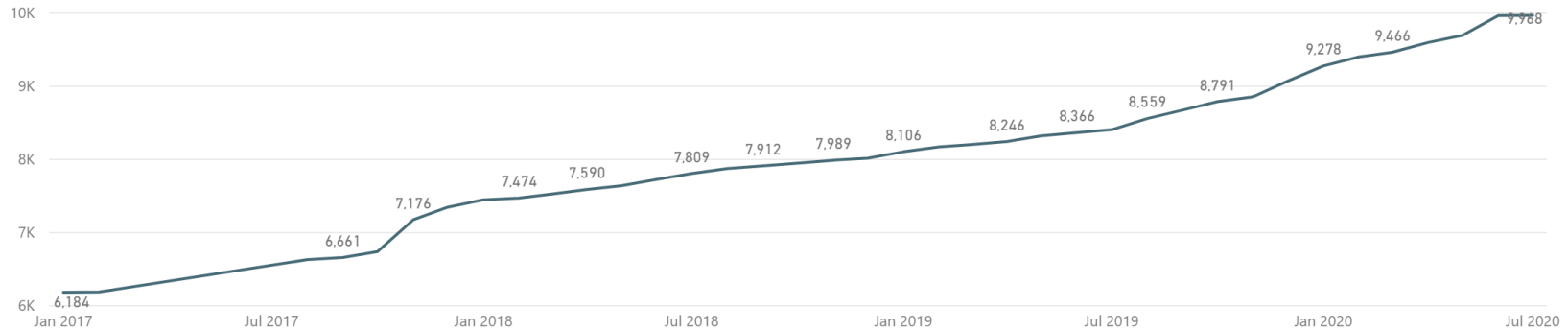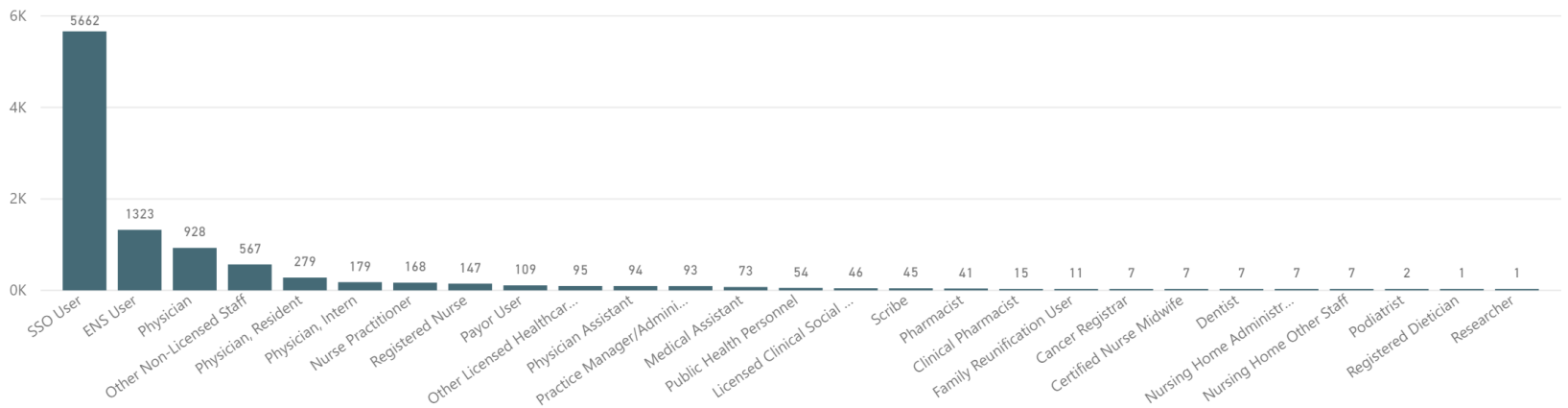
Metric Definition

User Type

All

Total Users

9968

Account Created Date

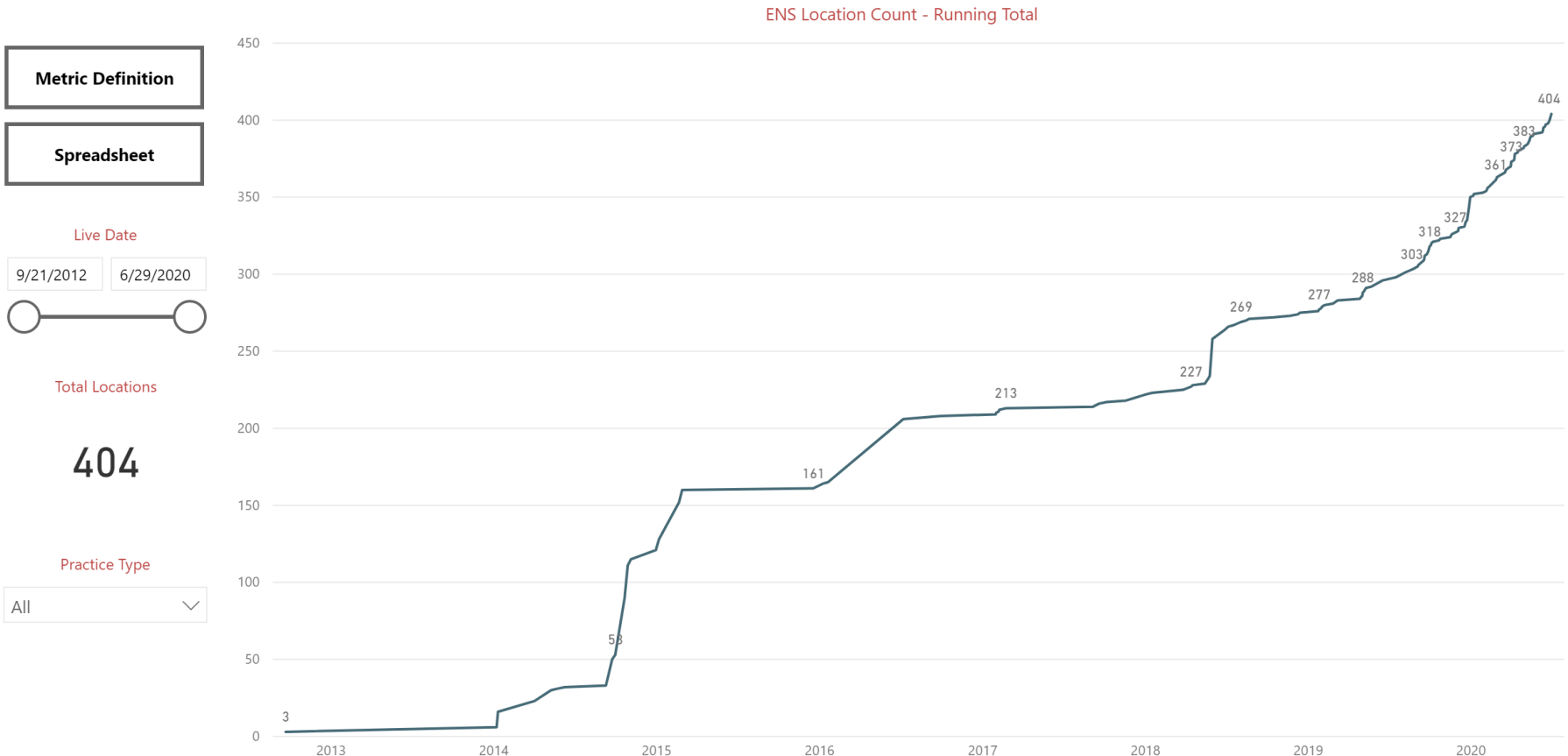1/1/2017   7/1/2020

Running Total

10K 9,768
9K
8K
7K
6K 6,184   6,661   7,176   7,474   7,590   7,809   7,912   7,989   8,106   8,246   8,366   8,559   8,791   9,278   9,466

Jan 2017   Jul 2017   Jan 2018   Jul 2018   Jan 2019   Jul 2019   Jan 2020   Jul 2020

By User Type

6K 5662
4K
2K 1323   928   567   279   179   168   147   109   95   94   93   73   54   46   45   41   15   11   7   7   7   7   7   2   1   1
0K

SSO User, ENS User, Physician, Other Non-Licensed Staff, Physician, Resident, Physician, Intern, Nurse Practitioner, Registered Nurse, Payor User, Other Licensed Healthcar..., Physician Assistant, Practice Manager/Admini..., Medical Assistant, Public Health Personnel, Licensed Clinical Social ..., Scribe, Pharmacist, Clinical Pharmacist, Family Reunification User, Cancer Registrar, Certified Nurse Midwife, Dentist, Nursing Home Administr..., Nursing Home Other Staff, Podiatrist, Registered Dietician, Researcher

CRISP DC

Metric 3: Number of DC Organizations and Location that are Provisioned to Access ENS

Metric 3: Number of DC Organizations and Locations that are Provisioned to Access Encounter Notification Services (ENS)

Metric Definition

Spreadsheet

Live Date

9/21/2012 — 6/29/2020

Total Locations

404

Practice Type

All ▾

ENS Location Count - Running Total

CRISP DC

Metric 4: Number of ENS Transactions from Hospitals Received by District Ambulatory Providers
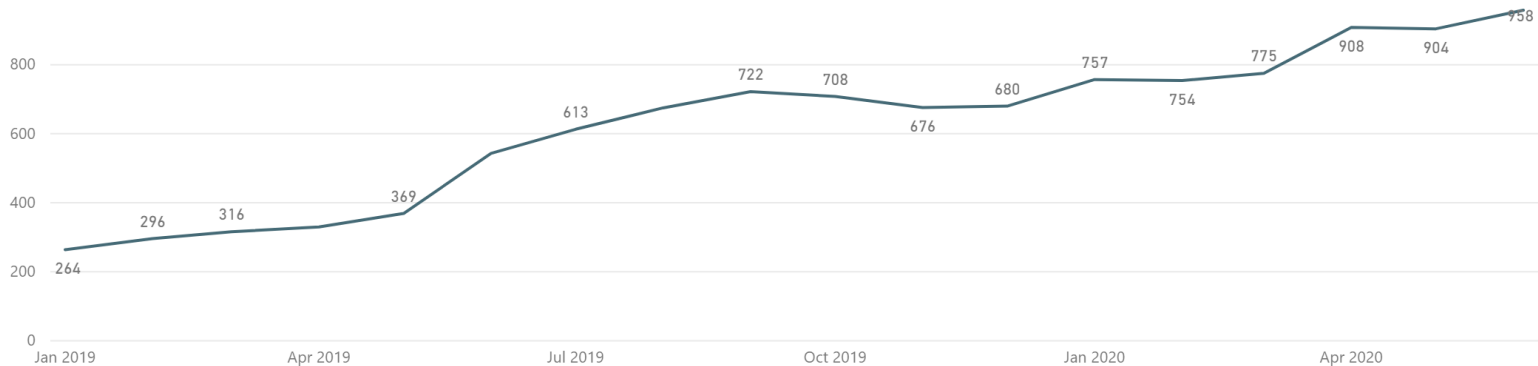
Metric Definition

Reporting Period

4/30/2019   6/30/2020

Monthly Totals

Month	Value
April 2019	31,135
May 2019	34,830
June 2019	37,830
July 2019	28,731
August 2019	68,454
September 2019	69,151
October 2019	73,501
November 2019	90,173
December 2019	92,055
January 2020	89,343
February 2020	93,758
March 2020	92,209
April 2020	73,659
May 2020	74,319
June 2020	98,430

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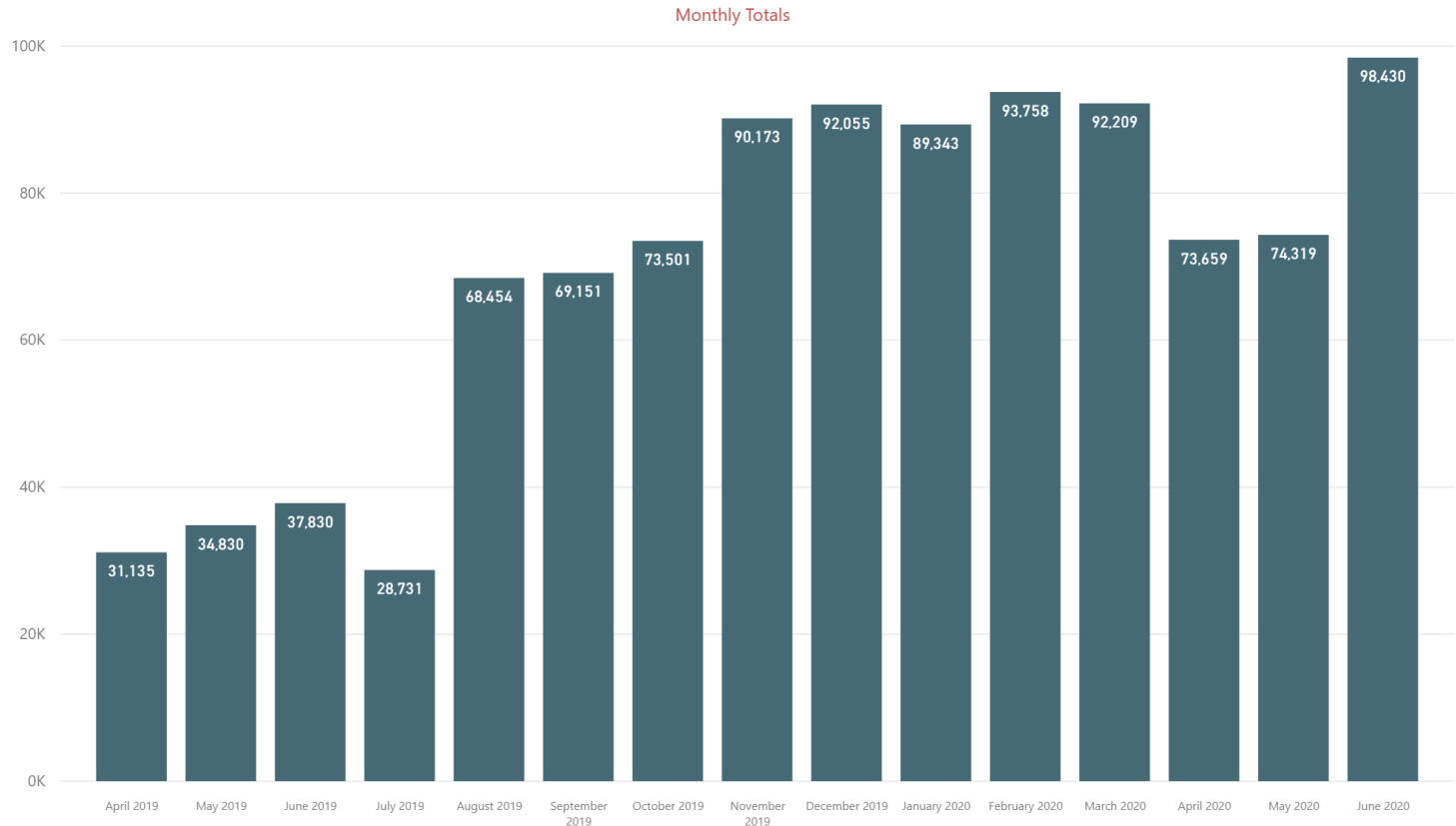
Metric 9: Number of DC CRISP Users Accessing Patient Care Snapshot

Monthly Totals

Metric Definition

Date

1/1/2019   6/1/2020

Practice Type

All

Chart values: 264, 296, 316, 369, 613, 722, 708, 676, 680, 757, 754, 775, 908, 904, 758

By Type

Custom	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January
			2	2	2				1	1	1	1	
Ambulatory	18	23	19	20	22	27	28	23	30	33	46	44	
Behavioral Health	3	2	3	4	3	3	3	3	1	3	2	6	
Care Management Program	4	4	4	4	2	3	3	4	3	3	3	3	
ESRD Treatment			1				1	2	1	1	2	1	
FQHC	41	49	40	46	61	110	110	127	128	112	108	108	
Government Agency	10	14	8	10	11	17	19	33	47	42	40	40	
Home Health								1	1	8	5	5	
Hospital	64	71	68	73	103	166	196	187	189	159	139	133	
Long Term Care		3	2	2	3	2	1	2	3	3	4	12	
Mental Health	1			1	2	4	3	2	2	9	4	9	
Not Specified	3	5	5	4	3	6	9	5	4	5	7	5	
Other	5	4	16	15	6	14	8	9	9	28	6	6	
Payor	7	10	13	18	15	15	15	14	17	25	21	24	
Practice Consortium	1						1	1	1	1			
Radiology Center												1	
Single Sign On Facility	101	104	126	124	126	166	206	247	267	257	271	261	
Substance Abuse	6	7	9	7	10	9	10	15	18	19	17	21	
Total	**264**	**296**	**316**	**330**	**369**	**543**	**613**	**675**	**722**	**708**	**676**	**680**	

Location Count Running Total

Month View   Quarter View   Year View   By Type   Export Spreadsheets

Month
All

Quarter
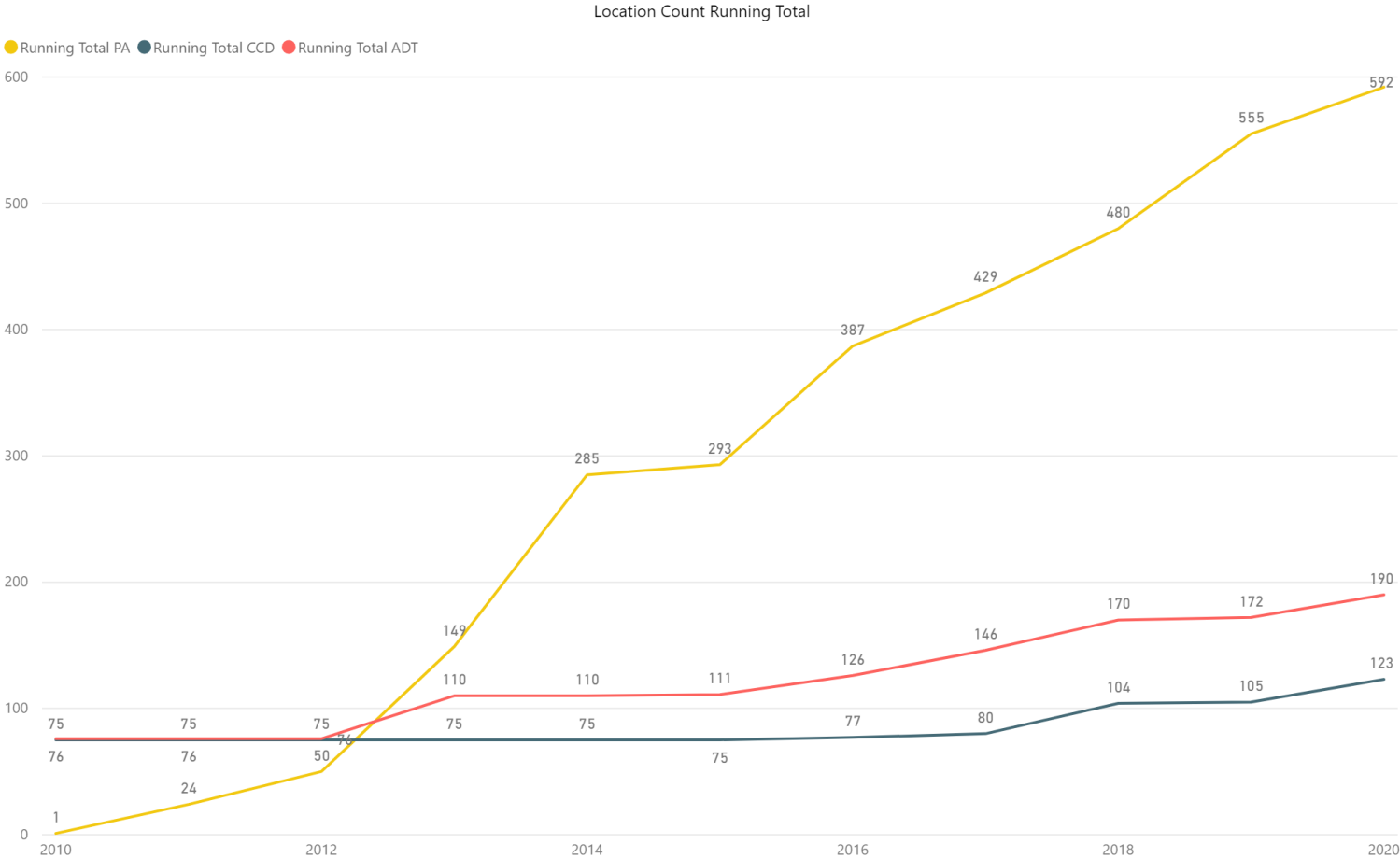All

Year
All

Locations w/ Signed PA

592

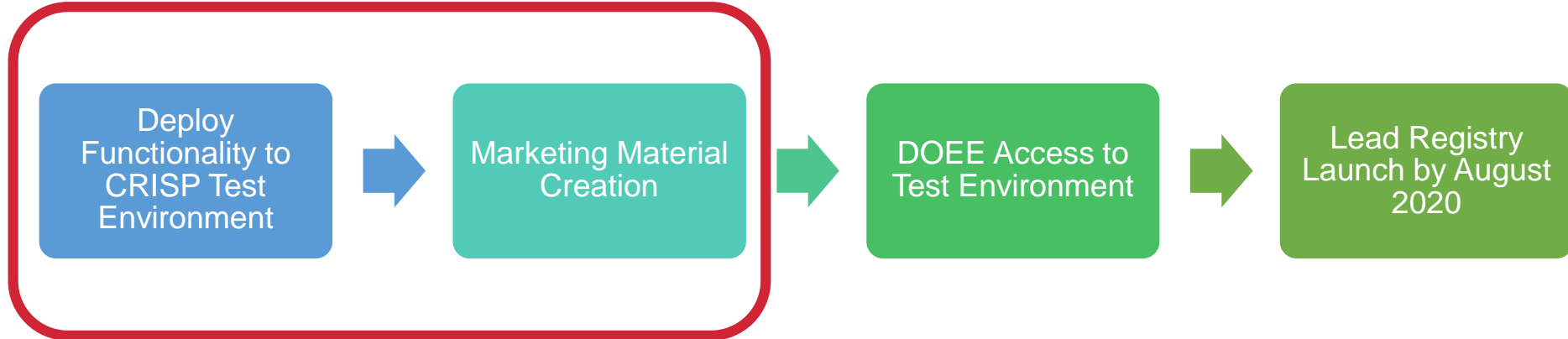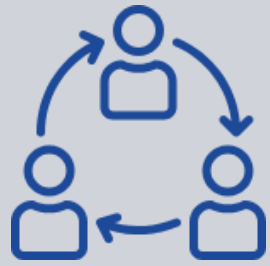**ADT Sending Locations**

190

CCD Sending Locations

123

Location Count Running Total

● Running Total PA ● Running Total CCD ● Running Total ADT

CRISP DC

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
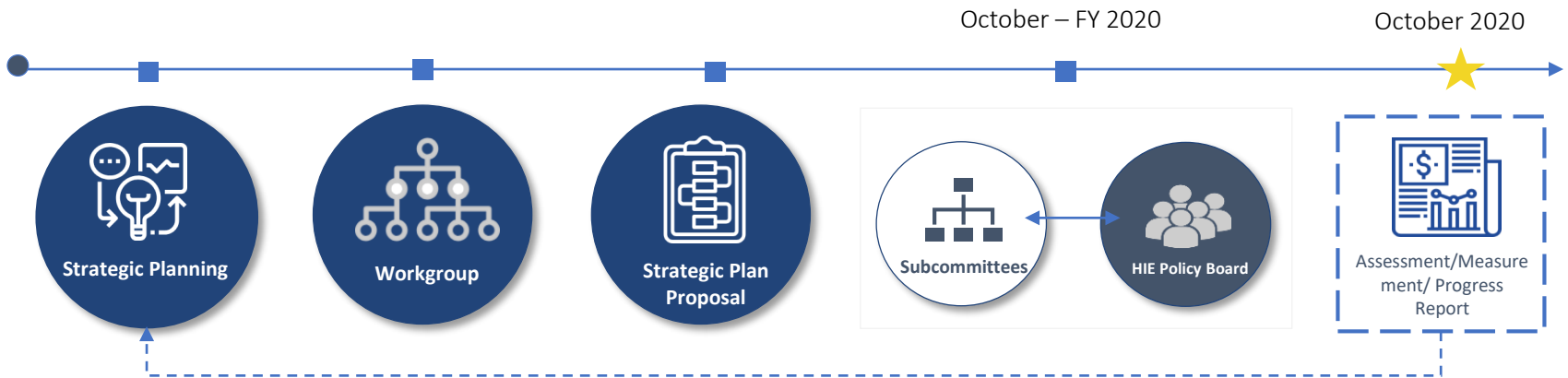   - Using ADT data to report on relative patient volume compared to a regular time period.

CRISP DC

Launching the Department of Energy and Environment Lead Registry

DEPARTMENT OF ENERGY & ENVIRONMENT
GOVERNMENT OF THE DISTRICT OF COLUMBIA

In Progress

Deploy Functionality to CRISP Test Environment → Marketing Material Creation → DOEE Access to Test Environment → Lead Registry Launch by August 2020

CRISP DC

HIE Policy Board Subcommittees Workplan Presentations

October – FY 2020

October 2020

Strategic Planning → Workgroup → Strategic Plan Proposal → Subcommittees ↔ HIE Policy Board → Assessment/Measurement/ Progress Report

- **Allocated Time:** 3:55-4:45 PM (55 mins.)

HIE OCE Subcommittee – Purpose, Mission, and Membership

<u>Chair</u> Ms. Lucinda Wade <u>Vice-Chair</u>: Ms. Gayle Hurt

<u>Purpose</u> Advise, monitor, and improve the community standards for HIE operations in the District.

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

<u>Membership</u>

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

- <u>**Non-Board Members:**</u> 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*

CRISP DC

definitions

2 *Prioritization of data elements for the transition of care*

Phase 1

Phase 2

Recommendation #1 for Board Action

Board Action: Vote to endorse this recommendation from the OCE subcommittee on the Transition of Care Data Elements. Furthermore, the Board advises that DHCF make this recommendation document available to the public on its website within a 72-hour timeframe from the day of this, July 23, 2020, HIE Policy Board meeting.

RECOMMENDATION FOR BOARD ACTION		
Phase #	**Task Description(s)**	**Timeframe for Implementation***
Phase 1	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.	July 2020 – December 2020
Phase 2	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 elements (s) to be included in the measure.	July 2020 – December 2020
Phase 3	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.	January 2021

Timeline is subject to change

HIE OCE Subcommittee: Goals and Activities 2020

Goal #1 [DC HIE Data Quality]: Recommend benchmarks for accuracy, timeliness and completeness of data.		
Activities	**Timeframe**	**Progress**
1. Develop a recommendation on hospital discharge information	Completed	✔
2. Create a clinical advisory committee to advise the DC HIEs on an ongoing basis	Completed/Ongoing	✔
Goal #2 [DC HIE Performance Standards]: Recommend baseline operational performance standards.		
Activities	**Timeframe**	**Progress**
1. Define the role of the subcommittee in providing feedback on what is collected and reported	Spring-Summer 2020	🟢
Goal #3: Recommend the types of data that should be a core minimum dataset exchanged among the HIEs in the District.		
Activities	**Timeframe**	**Progress**
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)	Completed	✔
2. Collaborate with the Policy Subcommittee to develop a recommendation on USDCI V1 Data Elements based on the District HIE assessment (above)	Summer – Fall 2020	🟠
Goal #4: Adopt and implement emerging best practices/standards for privacy and security of health information		
Activities	**Timeframe**	**Progress**
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.)	Ongoing	🟢
Functions		
Develop policies for common definitions and metrics (formerly goal #4) Collect on a quarterly basis (around the timeframe of the HIE PB meetings)	Ongoing	🟢
Creating a pipeline for prioritizing use cases (from stakeholder engagement subcommittee): joint quarterly meetings	Ongoing	⚪

🟢 In Progress 🟠 In Development ⚪ Not started

Policy Subcommittee – Purpose, Mission, and Membership

<u>Chair</u> Mr. Justin Palmer <u>Vice Chair</u> Mr. Praveen Chopra

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

<u>Membership</u>

- <u>HIE Policy Board Members:</u> Dr. Erin Holve, Ms. Alice Leiter, Mr. Justin Palmer

- <u>Non-Board Members:</u> 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.

DC HIE Secondary Use of Health Information Self-Assessment Checklist
Secondary Use Purposes (Use Cases)

SUMMARY

The DC HIE Secondary Use of Health Information Self-Assessment Checklist is to support the DC Department of Health Care Finance's governance and oversight of District Registered and Designated HIE entities as set forth in the DC HIE Rule, Chapter 87, Title 29 of the District of Columbia Municipal Regulation. The completed Checklist, by District Registered and Designated HIE entities, will support DHCF's development of its secondary use of health information policy guidance, per section 8703.4 of the DC HIE Rule.

BACKGROUND AND PURPOSE

In the DC HIE Rule, secondary use of health information is defined as "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. A registered HIE entity shall provide DHCF with policies governing disclosure for Secondary Use in accordance with policy guidance published to the DHCF website."

This definition is quite broad; secondary use of health information can include use for research, social determinants of health, registries, health surveillance, operational improvement in quality of care and care coordination. Given the breadth and nature of these types of activities, there is often concern from patients regarding research participation and/or secondary clinical and nonclinical use of digitized information. Patients want to make sure their involvement in these activities is safe, and that the outcomes are meaningful.

A standardized framework for the secondary use of health information can help with the collection, storage, aggregation, linkage and transmission of health data, as well as with alleviating potential patient concerns. In order to develop such a framework, the DC HIE Policy Board has created this self-assessment checklist to support the eventual development of a

1

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.		
Activities	**Timeframe**	**Progress**
1. Research and define secondary use policy	Completed	✓
2. Research and define guidance for notice of privacy practices for participating organizations	Completed	✓
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.		
Activities	**Timeframe**	**Progress**
1. Review consumer education plans of DC HIE entities (registered and designated HIEs) and make recommendations based on nationally known best practices	Ongoing	⚫
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.		
Activities	**Timeframe**	**Progress**
1. Provide ongoing recommendations and guidance on local policies impacting health information exchange (e.g. DC Mental Health Act)	Ongoing	🟢
2. Provide ongoing recommendations and guidance on national policies impacting health information exchange (e.g. ONC's Trusted Exchange Framework and Common Agreement)	Ongoing	🟢

🟢 In Progress 🟡 In Development ⚫ Not started

Stakeholder Engagement Subcommittee – Purpose, Mission, and Membership

<u>Chair</u> Dr. Yavar Moghimi <u>Vice Chair</u> Ms. Layo George

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

<u>Mission</u> 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.

<u>Membership</u>

- <u>HIE PB Members:</u> Ms. Olubukunola Osinupebi-Alao, Dr. Zach Hettinger, Dr. Erin Holve, Dr. Eric Marshall, Dr. Yavar Moghimi
- <u>Non-Board Members:</u> Mr. Ronald Emeni (CRISP), Ms. Layo George (Wolomi), Mr. Mark LeVota (DCBHA), Dr. Dana Mueller (Mary's Center)

Stakeholder Engagement Subcommittee – Goal #2 Update

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		
Activities	**Timeframe**	**Progress**
1. Conduct stakeholder exercise to map and identify landscape for engagement in HIE capabilities	Ongoing	🟢
2. Conduct outreach to identify the barriers and opportunities to participate in the DC HIE	Ongoing	🟢
3. Research training and educational materials that will be most useful to providers and other stakeholders	Ongoing	🟢
Goal #2: Collaborate with DHCF to promote the value of health information exchange to District stakeholders		
Activities	**Timeframe**	**Progress**
1. Promote the value of participating in the HIE with the identified stakeholder groups	Ongoing	🟢
2. Facilitate discussions and forums to capture stakeholder views on HIE in the District	Ongoing	🟢
3. Recommend training and educational materials that will be most useful to providers and other stakeholders	Ongoing	🟢
Goal #3: Recommend feedback to DHCF on SMHP evaluation measures		
Activities	**Timeframe**	**Progress**
1. Collaborate with DHCF and eHealth DC to provide feedback on SMHP measurement framework, define target measures of success	Spring 2019	✓

🟢 In Progress   🟡 In Development   ⚫ Not started

Public Comments

- **Allocated Time:** 4:45-4:55 PM (10 mins.)

Announcements/ Next Steps/ Adjournment

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

DC HIE Policy Board Meeting – Thursday, October 15, 2020