

DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE POLICY BOARD MEETING



October 15, 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**
- **District Designated HIE Entity – CRISP DC Report to the Board**
- **Behavioral Health Redesign Presentations**
- **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. In addition, to ask questions.



Putting your phone on hold, due to an incoming call, it 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. Review and discuss District Designated HIE Entity updates to the Board
3. Hear presentations on DHCF's behavioral health redesign efforts
4. Review and discuss status reports from the Board's subcommittees

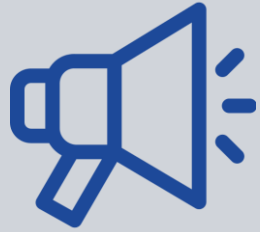
Welcome to the Board!



Luizilda (Lucy) de Oliveira, RN, BSN, MHA

Director of Nursing and Care Management
at La Clínica del Pueblo

Board Seat: Medical Provider



HIE Policy Board Announcements



Q&A on DHCF HIT/HIE Ongoing Projects



Nathaniel Curry, BS
Project 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- 3:20 PM (10 mins.)**

DHCF Telehealth Emergency Response

-UPDATE-



Eduarda Koch, Project Manager, DHCF

What type of assistance will be offered through this initiative?

1. LAPTOPS + DATA PLANS:

1. DCPCA will distribute 14" touch screen laptops that are configured to support provider and clinical staff access to telehealth applications and services.
2. Each laptop will be paired with a mobile hot spot that includes a 1-year unlimited data service plan.

2. TELEHEALTH LICENSES:

1. DCPCA will also distribute a limited number of telehealth platform licenses to provider organizations that would like to begin using telehealth services to enable continuity of care for their patients.
2. The telehealth platform licenses offered under this initiative will allow providers to access a HIPAA-compliant web-based service to conduct patient encounters.
3. Provider access to a telehealth platform license will be prepaid to cover 1 year of telehealth operations.

Who is Eligible to Participate?

- **TIER 1:** Medicaid EHR Incentive Program (MEIP)/Promoting Interoperability (PI) practices; Included on the HIE Connectivity Grant list
- **TIER 2:** Independent provider practices; Priority to Wards 5, 7 and 8; Have served a minimum of 100 DC Medicaid beneficiaries in FY2020; Included on the HIE Connectivity Grant list
- **TIER 3:** Behavioral health practices; Priority to Wards 5, 7 and 8; Have served a minimum of 100 DC Medicaid beneficiaries in FY2020; Included on the HIE Connectivity Grant list
- **TIER 4:** Other Provider Organizations (e.g. long-term acute care facilities, nursing facilities, home health agencies, etc.); Have served a minimum of 100 DC Medicaid beneficiaries in FY2020; Included on the HIE Connectivity Grant list
- **TIER 5:** Not included on the HIE Connectivity Grant list; Must have: a DC license and/or a DC practice address and serve a minimum of 100 DC Medicaid patients

Program Update (as of 10/15/2020)

	Initial Outreach Conducted	Responses Received	Selected Recipients	Total # of Telehealth devices
Tier 1: MEIP/ PI provider practices	40	19 (4 health centers 1 Behavioral Health practice 4 dental practices 10 ambulatory practices)	19 (4 health centers 1 Behavioral Health practice 4 dental practices 9 ambulatory practices)	148 laptops 10 telehealth platform licenses
Tier 2: Independent provider practices	76	8	5	14 laptops 2 telehealth platform license
Tier 3: Behavioral health practices	39	15	12	154 laptops 45 telehealth platform licenses
Tier 4: Other provider organizations	90 Non-MEIP dental practices 19 LTAC practices 58 other non-priority practices	3	2	9 laptops 9 telehealth platform licenses
Tier 5: Not included on the HIE Connectivity Grant list	0	21	9	71 laptops 40 telehealth platform licenses
Total	322 provider organizations	65 provider organizations	47 provider organizations	396 laptops and 106 telehealth platform licenses

How will program participation be evaluated?

- Each provider organization receiving devices and/or telehealth platform license under the program will be required to submit baseline data that will be used for program monitoring purposes.
 - Due date: October 31, 2020
- Participating provider organizations will also be required to submit a quarterly report throughout the year of program participation until September 30, 2021.
 - Due date: December 2020, March 2021, June 2021, September 2021
- Data submitted by provider organizations will be aggregated and reported to monitor device usage and assess impact on telehealth delivery services capacity among participants.



Questions?

Eduarda Koch

Health IT Project Manager, Health Care Reform &
Innovation Administration

Eduarda.Koch@dc.gov | 202-673-3561



District Designated HIE Entity – CRISP DC Report to the Board

- **Presenter:** Mr. Ryan Bramble, Executive Director, CRISP DC
- **Allocated Time:** 3:20-3:40 PM (20 mins.)



Behavioral Health Redesign Presentations

Presenters: Ms. Jordan Kiszla, Project Manager, DHCF; Ms. Elizabeth Garrison, Project Manager, DHCF; Ms. Deniz Soyer, Project Manager, DHCF; Ms. Irene Stephens, Project Manager, CRISP DC; Ms. DeJa Love, Project Manager, DHCF; Ms. Mary Kate Brousseau, Senior Consultant, HMA.

- **Allocated Time: 3:40-4:30 PM (50 mins.)**

Please type your questions in the chat box. Q&A will be at the end of the presentations.

1115 Behavioral Health Transformation Waiver



Jordan Kiszla, Project Manager, DHCF

1115 Waiver Services

Services	Go Live Date
IMD Services	January 2020
Clubhouse Services	January 2020
Recovery Support Services (RSS)	January 2020
Psychologists/Other BH Providers	January 2020
Eliminate \$1 Co-Pay for MAT	January 2020
Supported Employment – SMI	February 2020
Supported Employment – SUD	March 2020
Trauma-Targeted Care	March 2020
Crisis Stabilization (CPEP, Psych Crisis Stabilization Beds, Mobile Crisis and Support Services)	June 2020
Transition Planning Services	October 2020

HIE Participation Requirement for IMDs

- Effective July 1, 2020, IMD providers are required, as a condition of reimbursement for services authorized under this chapter, to participate through a formal agreement with a registered HIE entity of the DC Health Information Exchange (DC HIE). Once they become a participating provider, IMD providers must also participate in a reporting process via the DC HIE throughout the demonstration period, in accordance with provider guidance published to the DHCF website.
- All IMD providers were connected to the DC HIE by the July deadline.

HIE onboarding process for IMDs

- Technical Assistance team will perform outreach and marketing to educate providers on the benefits of participating in the HIE program.
- TA will then assist providers with completing CRISP onboarding documents by explaining anything that is unclear and outlining the requirements for each document.
- Once the documents are signed and submitted, CRISP generates a provider account for ULP.
- Technical assistance and training is given to provider and pertinent staff on the use and functionality of the tools available in the ULP.
- The provider will then demonstrate their understanding and ability to access and utilize the tools, including loading their patient panel.

SUD HIT Implementation Plan: PDMP

- Enhance the health IT functionality to support PDMP interoperability
- Enhance and support clinicians in their usage of the PDMP

SUD Provider Capacity Grant Discussion



Elizabeth Garrison, Project Manager, DHCF

Disclosure

- This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

SUPPORT Act

The Substance Use-Disorder Prevention that Promotes and Treatment (SUPPORT) for Patients and Communities Act (“SUPPORT Act”) was enacted October 2018 in response to growing concerns about opioid abuse in the U.S.

The SUPPORT Act modifies Medicaid, Medicare and other health care programs to help prevent opioid substance use disorder and provide better access to treatment for the disorder

SUPPORT Act Section 1003

Under section 1003 of the SUPPORT Act, the Centers for Medicare & Medicaid Services (CMS), in consultation with SAMHSA and AHRQ, is conducting a 54-month demonstration project to increase the treatment capacity of Medicaid providers to deliver substance use disorder treatment and recovery services. The demonstration project includes:

- Planning grants awarded to 15 states (\$50 million aggregate) for 18 months; and
- 36-month demonstrations with up to 5 states that received planning grants.
- States participating in the 36-month demonstration will receive enhanced federal reimbursement for increases in Medicaid expenditures for substance use disorder treatment and recovery services.

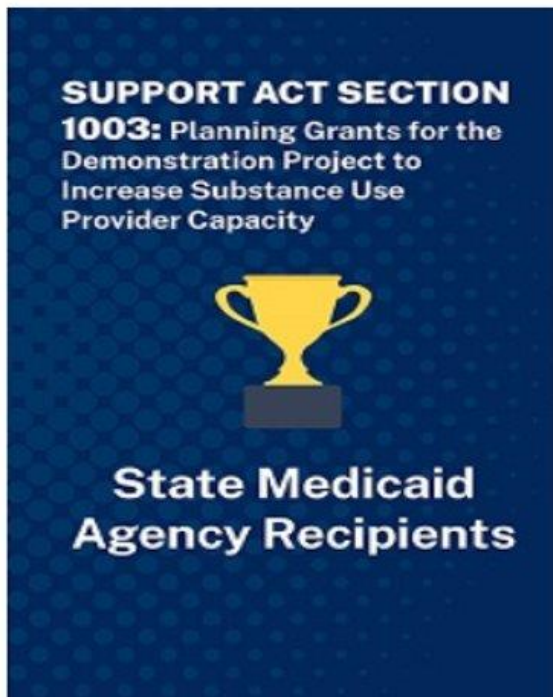
Planning Grants

The purpose of planning grants is to increase the capacity of Medicaid providers to deliver substance use disorder treatment or recovery services through:

- An ongoing assessment of the substance use disorder treatment needs of the state;
- Recruitment, training, and technical assistance for Medicaid providers that offer substance use disorder treatment or recovery services; and
- Improved reimbursement for and expansion of the number or treatment capacity of Medicaid providers.

State SUD Provider Capacity Grants

State Medicaid Agency Recipients



DC SUD Provider Capacity Goals

- Conduct a comprehensive needs assessment of Medicaid provider capacity to diagnose and treat SUD, including assessing payment redesign options to increase and sustain provider capacity to address SUD.
- Provide education and technical assistance to Medicaid providers to build capacity to integrate behavioral and physical health care and treat individuals with SUD in community settings.
- Reduce the impact of negative treatment bias among community providers and implement a competency-based approach to enhance Medicaid providers' ability to diagnose and treat SUD.
- Build infrastructure to enable structured data collection and communication with behavioral health providers, including developing and implementing consent management tools to facilitate appropriate exchange of 42 CFR Part 2 data.

Grant Components

- Needs Assessment
- DATA-WITS Enhancement
- Integrated Care Technical Assistance
- Consent Management Solution Grant



Needs Assessment

- Performed by John Snow, Inc as overseen by DCPCA
- Assess SUD provider capacity and need
- Build on previous work of [Live.Long.DC](#) and [Pew Policy Recommendations to Address Opioid Crisis in DC](#)
- Analysis and mapping of data, stakeholder interviews, focus groups, and community roundtables, literature review
- Develop recommendations to:
 - Strengthen the SUD system
 - Expand access to care
 - Streamline care transitions
 - Improve consumer engagement
 - Promote recovery

DATAWITS Enhancements

- Purpose: Enhance DATAWITS in order to enable connection to HIE and support consent management solution
- Primary Goals: Improve ability of providers using DATAWITS to participate more fully in the HIE, Improve workflow for providers via single-sign on and document storage, Improve data capture of provider information
- Key Enhancements:
 - Connect DATAWITS to HIE (CRISP)
 - Enable CCDA with DATA (WITS)
 - Provide Single Sign On from DATA (WITS) to HIE
 - Enable DIRECT Message in DATAWITS
 - Enable Document Storage/Management

Consent Management Solution



Deniz Soyer, Project Manager, DHCF
Irene Stephens, Project Manager, CRISP DC

Department of Health Care Finance

DRAFT

Consent Management Project Overview

- DHCF Awarded \$997,975.00 to CRISP on June 22, 2020 thru October 29, 2021 to develop a comprehensive consent management system to share behavioral health information, including substance use disorder (SUD) data protected by 42 CFR Part 2, through the DC HIE.
- Our goal is to improve continuity of care for patients throughout SUD treatment levels, ease workflow burden on SUD treatment providers to obtain consent and disclose information and improve coordination of care between SUD providers and other health care providers.
- Four project objectives:
 - Gather Business & Technical Requirements
 - Review, Recommend & Select a Solution
 - Implement the Solution
 - Engage Stakeholders
- First phase of project (thru October 31, 2020) includes scheduling conversations with SUD treatment provider sites and subsequent interviews to assess provider workflows and gather technical requirements.

District partners working together to develop a consent management solution



Provider uses of a consent tool

- I am a CRISP participant and SUD provider. My patient would like to **share their SUD treatment information with their healthcare team** through CRISP.
- I am a CRISP participant and a primary care doctor. My patient would like **to share their SUD treatment information with me and other members of their healthcare team** through CRISP.
- I am a CRISP participant and payer. My member would like to **share their SUD treatment information with me and other members of their healthcare team** through CRISP.

Patient uses of a consent tool

- I am a patient. I would like to **share my SUD treatment information with my health care providers and my payer**. I need to be able to go to the CRISP website and register my consent preferences that all my SUD treatment information be shared with all members of my care team and my specific payer.
- I am a patient. I would like to **share my SUD treatment information with only my health care providers**. I need to be able to go to the CRISP website and register my consent preferences that all my SUD treatment information be shared with all members of my care team.

SUD provider site feedback will inform consent tool development

- Andromeda
- Clean & Sober Streets
- Community Connections
- Family & Medical Counseling Services*
- Federal City Recovery Services*
- Hillcrest Children & Family Center
- Holy Comforter Community Action Group Outpatient Program (CAG)
- Howard University Urban Health Initiative
- La Clinica Del Pueblo
- Mary's Center
- MBI Health Services*
- Medical Home Development Group (Dr. Edwin Chapman) / Psychiatric Institute of Washington*
- PIDARC*
- RAP, Inc. (Gaudenzia)*
- Salvation Army
- Samaritan Inns
- SOME
- Volunteers of America Chesapeake
- Whitman-Walker*

* Denotes SUD provider sites that have completed CRISP's workflow assessment and technical requirements gathering to inform the development of the Consent Management Solution.

Early findings from virtual site visits

- SUD provider priorities for a consent tool:
 - Electronic signatures to reduce provider burden and need for additional paper
 - Accessible log of consent history
 - Flexibility in consent expiration date
 - Importance of maintaining patient preferences for consent while changing levels of care or giving care referrals
- Key insights on provider workflow:
 - Variation in consent documentation (i.e. EHR, DataWits, paper)
 - Sites interested in sharing input on overall SUD provider workflow and information exchange

Project Timeline

August – October 2020	Initial interviews and site visits for consent workflow assessments and technical requirements gathering
October 31st	CRISP will launch RFP for prospective vendors
November 2020	CRISP will review proposals & send recommendation memo to DHCF
December 2020 – January 2021	CRISP conduct internal testing of solution
February – March 2021	Go-live with consent management solution at pilot sites
April – Summer 2021	Continued technical assistance to pilot sites and refinement of consent management solution

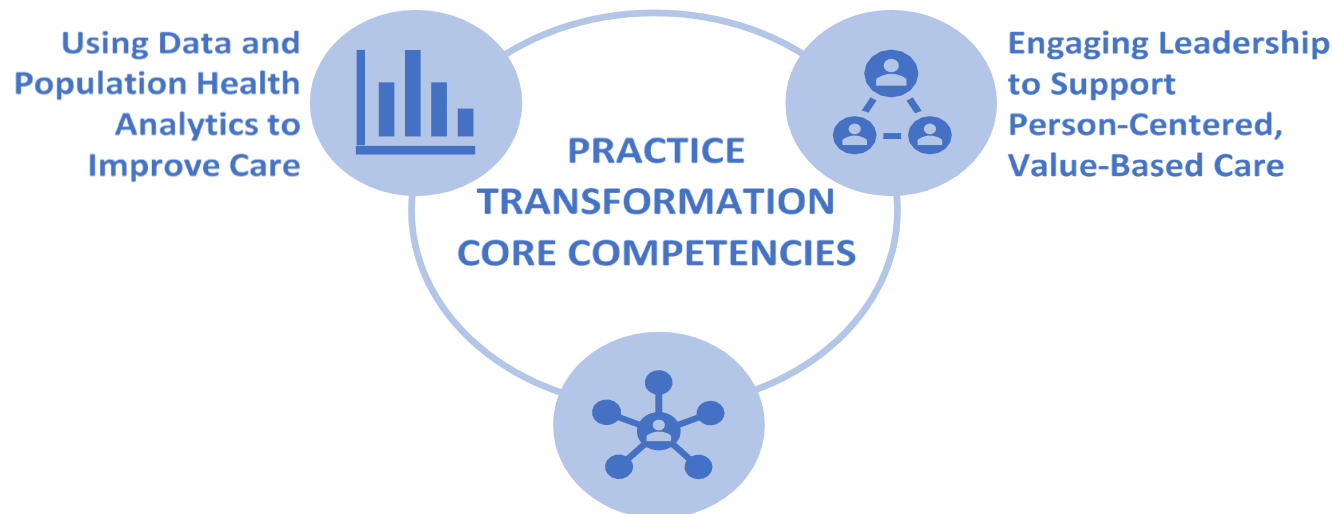
Integrated Care Technical Assistance (ICTA)



DeJa Love, Project Manager, DHCF
Mary Kate Brousseau, Senior Consultant, HMA

Integrated Technical Assistance

- The ICTA contract was awarded to Health Management Associates, Inc. (HMA) on August 14, 2020 for one base year (August 14, 2020 to August 13, 2021) and four options years.
- The Goal is to **provide individualized technical assistance (Training and Coaching)** to support practice improvement among interdisciplinary care teams and improve Medicaid providers' ability to treat medically complex beneficiaries in value-based programs.
- The Individualized TA will explicitly seek sustained improvement on three core competencies for practice transformation:



Overview and Goals

- Assist 50-75 Medicaid enrolled priority Providers in achieving a set of **three practice transformation competencies**.
- Technical assistance activities will emphasize:
 - Screening
 - Referral
 - Evidence-based treatment for SUD (based on criteria from the American Society of Addiction Medicine)
 - Efforts to address and reduce stigma associated with SUD treatment.
- Seven priority provider types:
 - Health Home Providers (My Health GPS and My DC Health Home)
 - Department of Behavioral Health (DBH) Certified Providers
 - Free Standing Mental Health Providers (FSMH)
 - Long term services and supports (LTSS) providers, including home health agencies
 - Certified or waived Medication Assisted Therapy (MAT) providers, including methadone providers.
 - Specialty providers
 - Federally Qualified Health Centers (FQHCs)

Core Competency 1: Deliver Person Centered Care Across the Care Continuum to Improve Patient Outcomes

- 1.1 Triage/prioritize patients
- 1.2 Personalize care planning
- 1.3 Manage person centered care to integrate physical, behavioral, and social services
- 1.4 Manage medications
- 1.5 Integrate health information technology into daily workflow
- 1.6 Leverage modern modalities of care (e.g. telemedicine)
- 1.7 Implement privacy policies, managing consent, and applying confidentiality rules appropriately
- 1.8 Implement a high standard of culturally informed customer service care at all levels of the organization

Core Competency 2: Use Data and Population Health Analytics to Improve Care

- 2.1 Convert data into protocols and interventions, particularly to support early identification of those at risk
- 2.2 Implement effective, timely discharge planning
- 2.3 Ensure effective, timely care transitions across systems and settings
- 2.4 Share data inside and outside your organization
- 2.5 Evaluate performance measure data
- 2.6 Leverage analytics to support care management
- 2.7 Implement continuous quality improvement strategies and principles

Example Assessment Questions

- Do you use data analytics or reporting from your EMR to identify individuals at risk?
 - (i.e., tracking ED visits for intoxication/OD, continuation of MAT when started, % patients with Dx of OUD offered MAT and prescribed MAT, patients seen in ED for C/O pain repeatedly).
- How does this data reporting result in intervention?
- How often is information shared from the **medical providers to a behavioral health provider** (outside or inside your organization) to coordinate care?
- How often is information shared from a **behavioral health provider (outside or inside your organization) to medical provider team** members to coordinate care?
- What performance metrics does your practice track and report on to measure the effectiveness of your behavioral health/physical health integration?
- Is the EHR used by the practice configured to collect, share, and display information on behavioral health, such as through the use of standardized screening tools (i.e., PHQ-9, or GAD-7)?

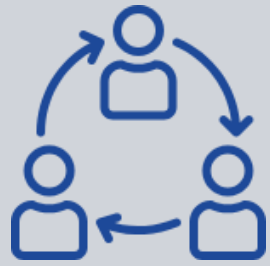


We welcome your feedback to ensure the Technical Assistance is targeted and complements the use HIT to achieve Value-based payments.

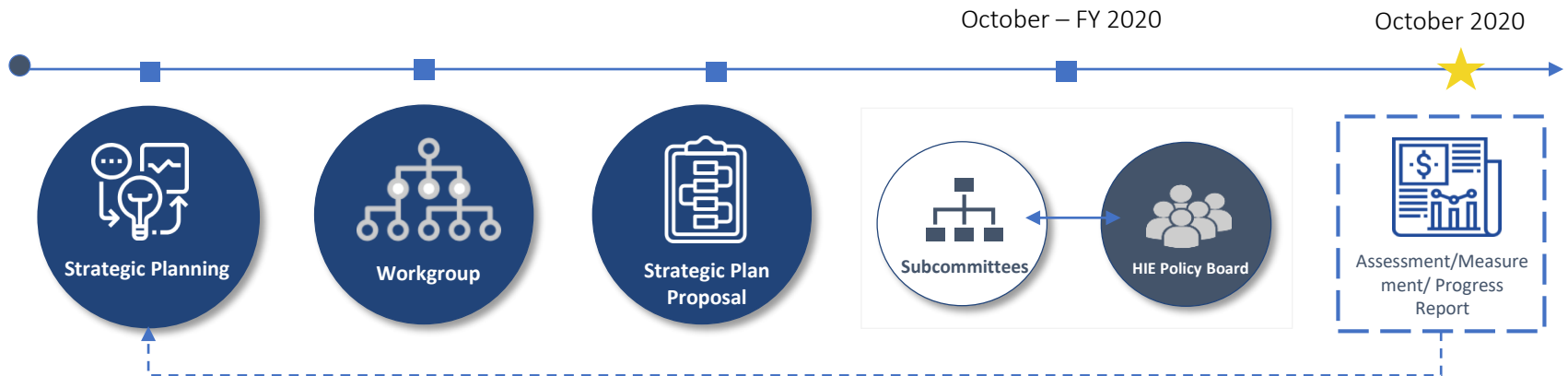
Please feel free to contact DeJa Love (Project Manager) at DeJa.Love@DC.Gov and Mary Kate Brousseau (Senior Consultant with HMA) at mbrousseau@healthmanagement.com.



Q&A: Please either unmute your line to ask a question or type it in the chat box. Thank you!



HIE Policy Board Subcommittees Workplan Presentations



- **Allocated Time: 4:30 – 4:50 PM (20 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)

Update on Goal #1 Recommendation Implementation

- **Background:** At the July Board meeting, the Board voted to approve the implementation of the Recommendation on Transition of Care Data Elements. The recommendation proposes a three-phase approach for CRISP DC to design, implement and evaluate a series of Transition of Care Data Elements. The recommendation incorporates feedback and guidance from the Technical Expert Panel on DC HIE Services on: 1) changes and amendments in the data element definitions, 2) prioritization of the data elements viewed as most important to exchange at the time of discharge in order to support an effective transition of care - and ultimately, improve care quality and health outcomes. Read more on the recommendation [here](#).
- **Update:** On October 2nd, the workgroup held another meeting with the DC HIE Technical Expert Panel. The meeting's objective was to discuss several elements that the workgroup could not consult with the TEP prior to the July Board meeting. Additionally, the workgroup provided an overview of the project plan (implementation plan for the recommendation) to the TEP, presenting a timeline and the activities under each of the three phases. The workgroup and TEP discussed Summary of Care, Laboratory Results, Consult Notes, Procedure Notes, Plan of Care, and Discharge Appointments. Lastly, CRISP DC in collaboration with DCHA has begun Phase 1 implementation which incorporates outreach to hospitals. CRISP DC has begun a technical assessment to look at the historical roadmaps for each of the hospitals to complement Phase 1 activities at the conclusion of the outreach to the hospitals. The work on Phase 2 efforts are taking place concurrently to Phase 1.

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	

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 Subcommittee – Goal #2 Update

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.

- **Background:** The Consent Management for HIE was awarded to CRISP to design, develop, and implement a granular consent management solution to enable the exchange of substance use disorder (SUD) data protected by 42 CFR Part 2 among organizations participating in the DC HIE. A component of the grant involved CRISP's participation and engagement with the HIE Policy Board's subcommittees to provide subject matter expertise to the project and to address issues relating to consent management.
- **Update:** At the August Board meeting, the CRISP DC team along with DHCF staff presented to the subcommittee and provided an opportunity for level-setting on current efforts and activities with the Consent Management grant. The team provided examples of ways that they might engage with the subcommittee of which included:
 - Refining and testing messaging associated with the consent solution project
 - Assistance with developing educational materials (one-pager for health consumers and the general public)
 - Providing guidance on NPP amendments following consent solution implementation

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	

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)

Stakeholder Engagement Subcommittee – Goal #2 Update

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

- **Summit Update:** The CRISP DC and DHCF staff have begun collaborating on a joint virtual Summit that incorporates concepts from the planned 2020 in-person Summit. While the timing of the virtual summit has not yet been set, the proposed schedule will feature a 60-90-minute webinar for each day of the week starting with a kick-off event with the DC HIEs. Other proposed panel presentations will focus on topics such as social determinants of health, public health, and behavioral health transformation . The committee has proposed the series to close with a focus on COVID-19. At the September subcommittee meeting, DHCF and CRISP DC staff presented the draft agenda and discussed further ideas and feedback from the subcommittee. Staff are considering Winter and Spring dates to accommodate speaker and participant's schedules.
- **Webinar Update:** CRISP DC held a Maternal Health webinar on September 23. The webinar raised awareness on women's health in the District and provided insight on the benefits of access to useful maternal health data for caregivers, providers, payors and government agencies. Additionally, the webinar discussed 1) Quality improvement initiatives and models to improve maternal care for DC providers 2) Effectively addressing the disparity gap and how CRISP tools can provide access to important patient information for maternal health visits.

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	



Public Comments

- **Allocated Time: 4:50-4:55 PM (5 mins.)**



Announcements/ Next Steps/ Adjournment

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

Next DC HIE Policy Board Meeting: Pending Scheduling for 2021