

# DC HIE POLICY BOARD

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DHCF HIT/HIE Staff and Board Subcommittee  
Quarterly Report

October 2020





# Executive Summary

Dear HIE Policy Board members,

We hope that you all continue to be safe and well during the COVID-19 pandemic. As you are aware, we are scheduled to hold our regular quarterly HIE Policy Board meeting virtually on **Thursday, October 15**. This will be our final Board meeting for calendar year 2020.

Our staff and subcommittee members continue their efforts and activities to educate and build awareness of HIE and telehealth in the community. The results are shared with you in this document and will be further discussed at our meeting.

## A few highlights:

- Since DHCF's request and receipt of **\$1,248,449.47 in emergency federal funding** to support telemedicine was approved by CMS in July, a total of **47 provider organizations** have been selected to receive vital health information technology devices. A total of **396 laptops and 138 telehealth platform licenses will be distributed** to support the effective delivery of telemedicine in the District. Read more on page 3.
- **Please help us in welcoming Ms. Luizilda de Oliveira to the Board!** On September 8, 2020, Ms. de Oliveira was appointed to fill the open medical provider seat of the District of Columbia Health Information Exchange Policy Board, replacing Ms. Amanda Rhoads, for a term to end June 25, 2021. Read more on page 4.
- We continue to see a steady increase in the number of active CRISP DC users, demonstrating the effectiveness of our Health IT and HIE connectivity technical assistance program. **As of the beginning of FY21, 92 Provider Organizations are connected to the DC HIE.** This level of connection enables providers to view clinical data via the HIE or through their EHR. Read more on page 5.
- On August 19, 2020, **Team Enlightened launched the DC HIE Connectivity website.** The purpose of the website is to promote the use of the DC HIE and to provide information on how District Medicaid Providers can enroll in the DC HIE. Additionally, DHCF worked with Team Enlightened to design and produce a public facing, interactive dashboard to show which provider organizations are receiving TA services. The website can be accessed [here](#).
- DHCF partnered with CRISP DC to **convert CRISP DC's monthly reporting of HIE access and utilization metrics into an interactive dashboard** to track progress of District-wide HIE adoption and use. In its role as the District Designated HIE Entity, CRISP will present the dashboards during the Board meetings. The first rendition of this dashboard is now publicly available [here](#).

We encourage questions and comments on this report. Please directly contact staff listed under each update or for general inquiries please send them to [healthIT@dc.gov](mailto:healthIT@dc.gov).

Be safe and well,

Dr. Erin Holve  
Chair, HIE Policy Board

## 1. Identifying and Addressing the Needs of Providers During the COVID-19 Pandemic

### What you need to know...

- DHCF conducted an environmental scan on telemedicine in March 2020 to assess providers' capabilities and readiness in the delivery of telemedicine services to Medicaid beneficiaries. The assessment provides the insight needed for DHCF and its partners to support providers' use of HIE and telemedicine during the pandemic in the District.
  - eHealthDC and Enlightened Inc. contacted a total of **223 provider organizations (of which 40 responded)** across the District.
- The assessment results have led DHCF and its partners to collaborate on the development of a set of resource guides on telemedicine technology platforms, coding references, etc. These findings led DHCF to submit a request to CMS to receive a total of **\$1,248,449.47 emergency FFP funding** for the purchase and distribution of laptops and telehealth platforms to providers, as well as to establish an inter-agency collaboration with the D.C. Department on Disability Services to further support telehealth efforts in the District. This request was approved in July and is already being implemented by DCPCA.

### CMS Emergency Federal Funding Participation Request in Support of the District's Covid-19 Response

As the demand, adoption, and use of telehealth has increased during the COVID-19 pandemic, providers have reported substantial issues with the digital divide, both in terms of clinic staff's access to laptops and securing HIPAA compliant telehealth platforms, among other barriers. Furthermore, providing essential health IT resources is needed to ensure providers participating in the DC Medicaid Incentive/Interoperability Program can meet their measures for patient engagement via portal access/use. The Centers for Medicare and Medicaid Services (CMS) has expressed willingness to exercise flexibility and expeditious approvals to meet states' IT needs in response to COVID-19. CMS' guiding principle is that the advance planning document (APD) expenditures must support the economic and efficient operation of a state's Medicaid program.

In response, DHCF requested and received emergency funds through the CMS for HITECH enhanced match (90/10 FFP). The received funding will be used to distribute laptops and telehealth platforms to providers, as well as to establish an inter-agency collaboration with DDS to further support telehealth efforts in the District. The total approved emergency FFP funding is **\$1,248,449.47** (after cost allocation) and the time period for funds to be spent is FFY 2020. The requested funds will be managed through existing technical assistance contract and grants and will support District of Columbia's continued efforts to combat COVID-19.

In partnership with the District of Columbia's Primary Care Association (DCPCA) and Enlightened, Inc., DHCF conducted outreach to a total of **322 provider organizations** to inquire on the level of support needed to effectively perform telemedicine amidst the challenging times our nation is currently facing with the pandemic. As a result of these efforts, a total of **65 provider organizations** responded to our initial inquiry, ultimately requesting far more technology resources than allowed by the CMS funding. Upon careful evaluation, and in accordance with the priorities outlined in our emergency telehealth guidelines, a total of **47 provider organizations** were selected to receive these health information technology devices. To date, a total of **396 laptops** and **138 telehealth platform licenses** will be distributed in the coming weeks to further the effective delivery of telemedicine in the District. DHCF looks forward to ongoing discussions about how best to meet provider and beneficiary's needs for health IT to support telehealth.

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## 2. The DC HIE: Increasing Health Information Exchange Capacity for Providers

### New Board Member Announcement - Welcome Ms. Luizilda (Lucy) de Oliveira!

On September 8, 2020, Ms. Luizilda (Lucy) de Oliveira was appointed to fill the open medical provider seat of the District of Columbia Health Information Exchange Policy Board, replacing Amanda Rhoads, for a term to end June 25, 2021.

Ms. de Oliveira has extensive experience in a variety of healthcare settings. In her role as Director of Nursing and Care Management, at La Clínica del Pueblo, she works on addressing and raising awareness of the social determinants of health affecting underserved populations, collaborating with others to create innovative solutions and infrastructures towards disadvantaged communities. At La Clínica, her primary focus is to provide excellent customer service and be the bridge to improve the health outcomes for the patient population. Ms. de Oliveira is a My Health GPS provider and uses CRISP to support care coordination services to beneficiaries with multiple chronic conditions, enrolled in either Fee-For-Service or Managed Care. Ms. de Oliveira earned her Bachelor of Science in Nursing from Nebraska Methodist College and she holds a Master's degree in Healthcare Administration from Clarkson College in Omaha, Nebraska.

**Webpage:** <https://dhcf.dc.gov/page/hie-policy-board>

**Staff Contact:** Nina Jolani, Program Analyst, [Nina.Jolani@dc.gov](mailto:Nina.Jolani@dc.gov)

### The DC HIE Designation Meeting – Forum Engages the Ongoing Monitoring Requirements of the DHCF and CRISP - DC HIE Memorandum of Agreement

On September 29, 2020, DHCF and CRISP held their first designation meeting as organizational partners in the DC HIE. The forum engages in the DHCF and CRISP - DC HIE Memorandum of Agreement's (MOA) ongoing monitoring requirements. The period of the MOA - April 13, 2020 through April 14, 2025 - is the duration of CRISP as the District's Designated HIE Entity.

The meeting outlined a series of areas in the MOA, which includes updates from CRISP on its:

- Privacy/security audits;
- Consumer education efforts through the new CRISP DC website and other materials;
- Stakeholder engagement efforts with the DC HIE Policy Board and representation on the subcommittees;
- Regional governance model and authorizing a shared services entity;
- Metrics and rates of adoption for public transparency; and,
- Strategic planning and sustainability activities.

DHCF, as the regulator of the DC HIE, affirms CRISP's progress in meeting the requirements outlined in the MOA. At the October Board meeting, CRISP as the District's Designated HIE Entity will provide an abbreviated update on the progress outlined above in the MOA, as well as operational updates related to its tools and services.

**Webpage:** <https://dhcf.dc.gov/page/apply-participate-dc-hie>

**Staff Contact:** Nina Jolani, Program Analyst, [Nina.Jolani@dc.gov](mailto:Nina.Jolani@dc.gov)

## 2. The DC HIE: Increasing Health Information Exchange Capacity for Providers

Enhancing and strengthening health information exchange (HIE) capabilities to increase the efficiency of care delivery in the District's health system – *The HIE Connectivity and CORE HIE Capabilities for Providers Grant*

### What you need to know...

- During FY20, the number of CRISP DC users accessing Patient Care Snapshot increased by **42 percent**. Between June to September, there was an **8.6 percent** increase in number of active CRISP DC users and a **16.1 percent** increase in users accessing Patient Care Snapshot.
- All Institutes of Mental Diseases in the District created participation agreements with CRISP and now receive appropriate alerts, including **Psychiatric Institute of Washington, and St. Elizabeth's Hospital**.
- As of June 2020, Medstar Georgetown, Medstar Washington Hospital Center, JH Sibley, Kaiser, George Washington Hospital, Children's National, and United Medical Center **have access to image exchange**.
- CRISP DC and DHCF began a soft launch of CRISP Reporting Services DC (CRS-DC). Through November, CRISP DC and DHCF are working in partnership with DC Primary Care Association (DCPCA) to test four analytical reports and make refinements with the help of four District FQHCs: Unity Health Care, Whitman Walker, Mary's Center, and Community of Hope.

### Background

On October 1, 2019, DHCF executed option year 1 of the Core HIE Capabilities Grant Award to CRISP this extends the grant for an additional year and names CRISP, as the District's Designated HIE Entity, to develop and enhance HIE capabilities for all District providers.

On October 1, 2019, Year 1 of a three-year HIE Connectivity grant to Enlightened, Inc. also commenced providing onboarding connection, support, and training for District providers to the DC HIE.

The HIE Connectivity grant consists of four (4) levels of connectivity for providers, as listed below:

- Level 1: Providers receive education, training, and resources on how to connect to the DC HIE.
- Level 2: Providers sign a participation agreement to participate in the DC HIE.
- Level 3: Providers send their patient encounter data to the DC HIE.
- Level 4: Providers view and share clinical data, for total connectivity.

Connecting the health system to advance the exchange of health information across the District - HIE Connectivity Progress since FY'19:

### TA & Outreach to Provider Organizations:

- Enlightened Inc. contacted **285 Provider Organizations** in the District for onboarding support.
- **Since FY20, 92 Provider Organizations** are connected to the DC HIE which enables them to view clinical data via the HIE through or their EHR.

## 2. The DC HIE: Increasing Health Information Exchange Capacity for Providers

- Enlightened Inc. is working with **20 long-term care organizations**. Of these, **19** have a participation agreement in place with CRISP and can view data via Unified Landing Page (ULP) and **4 of the 19** can send and share clinical and encounter data.
- Enlightened Inc. is working with **42 behavioral health organizations**. Of these, **31** have a participation agreement in place with CRISP and can view data via ULP, and **5 of the 31** can send and share clinical and encounter data.
- On August 19, 2020 Team Enlightened launched the DC HIE Connectivity website. The purpose of the website is to promote the use of the DC HIE and to provide information on how District Medicaid Providers can enroll in the DC HIE. The [website](#) also shares up-to-date information on various resources, and information on how to optimize clinical workflows.

### *Connectivity Support to IMD Providers:*

- Effective July 1, 2020, as outlined in Chapter 86, IMD providers are required to “participate through a formal agreement with a registered HIE entity of the DC Health Information Exchange (DC HIE), per Chapter 87 of Title 29 of the DCMR.” Enlightened Inc. successfully **connected all IMD providers to the DC HIE**, thereby improving their ability to make informed decisions and improve transitions between other care providers and or settings.

### *CRISP Reporting Services DC Soft-Launch:*

- DHCF has been working with CRISP DC and hMetrix to complete the initial roll out of a population health reporting tool, called CRISP Reporting Services DC for providers to monitor their progress on pay for performance (P4P) measures associated with MHGPS program.
- At the end of August, CRISP DC and DHCF kicked off an FQHC soft launch of the CRISP Reporting Services DC (CRS-DC). This soft launch involves rolling out 4 reports through CRS-DC:
  - Pay for Performance Quality Measure Report - Users will be able to see current measure performance, trends over time, and visit level details of visits contributing to the My Health GPS Pay for Performance quality measures. The report would allow comparison of performance to benchmarks (statewide, MHGPS Eligible, Enrolled):
    - Plan All-Cause Readmissions (PCR)
    - Non-Emergent Emergency Department Use (NED)
    - Prevention Quality Indicator (PQI)
  - PMPM Analysis and Trend Report – Allows user to look at trends over time
- DHCF and CRISP DC, in partnership with DC Primary Care Association, are working with four FQHCs and each of their locations – Unity Health Care, Whitman Walker, Mary's Center, Community of Hope – through the end of November 2020 to pilot and refine these 4 reports.
- In FY21, DHCF will continue working with CRISP DC, hMetrix, and internal and external stakeholders to expand the reporting options that are available in the tool.

## 2. The DC HIE: Increasing Health Information Exchange Capacity for Providers

### *CRISP Utilization Trends:*

- In addition to the 7 Acute Care DC hospitals' users who currently have access to CRISP tools, Psychiatric Institute of Washington, St. Elizabeth's Hospital, BridgePoint National Harbor, and BridgePoint Hospital Capitol Hill also now have access to the CRISP Unified Landing Page to view clinical data and receive alerts as well.
- As of September 2020, the CRISP Unified Landing Page (ULP) is now accessible to approximately **10,756 active CRISP users** \*. **96.6 percent** of District Medicaid beneficiaries receive services from at least one active CRISP DC user. Since January 2017, there has been a **73 percent** increase in active CRISP DC users; a **19.2 percent** increase since the start of FY20.

*\*An active CRISP DC user reflects an individual account has been verified and for which a patient panel has been uploaded in the last 90 days.*

**Webpage:** <https://dhcf.dc.gov/page/health-information-exchange>

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### 3. Utilizing certified electronic health records (EHRs) to improve quality, safety, and efficiency in the healthcare system

#### What you need to know...

- The Program Year 2020 for the DC Medicaid EHR Incentive/Promoting Interoperability Program will open on **October 19, 2020** and will close promptly on **March 15, 2021**.
- The eHealthDC team continues to provide targeted technical assistance to providers during the public health emergency. In the current program year 2020, the eHealthDC team has continued to provide assistance and outreach efforts to **26 organizations, representing more than 400 providers**.
- As a result of such targeted outreach, the eHealthDC team anticipates that **more than 100 providers** will likely attest for the current program year 2020.

#### Meaningful Use of Electronic Health Records –Program Year 2020

The Department of Health Care Finance is pleased to announce that the upcoming Program Year 2020 for the DC Medicaid PI Program on **October 19, 2020**. For the first time ever, DHCF will keep the program year open for longer than previous years to ensure providers are given an adequate amount of time to attest. Attestation for Program Year 2020 will close promptly on **March 15, 2021**.

DHCF does not anticipate an extension to this deadline. Providers may attest to the program requirements through the new State-Level Repository here: <https://dcslr.thinkhts.com>.

To qualify for 2020 Medicaid EHR incentive payments of **\$8,500** per program year, a provider must:

- Be either a licensed physician, nurse practitioner, certified nurse midwife or dentist;
- Maintain a Medicaid patient volume threshold of 30% (20% for pediatricians); and
- Have already received a Medicaid EHR incentive payment from DC or another state

**Webpage:** <https://dhcf.dc.gov/page/medicaid-electronic-health-record-ehr-incentive-program>

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#### HIT Technical Assistance

In a partnership with eHealthDC, DHCF has continued to provide free technical assistance support to District Medicaid providers participating in the Promoting Interoperability (PI) program. This year, the team will focus its efforts on delivering effective and targeted technical assistance services that will enable its practices to incorporate the new workflows and tools needed to meet the Stage 3 PI program requirements.

In the previous program year 2019, the eHealthDC team provided targeted outreach efforts and successfully **assisted 26 organizations** in upgrading to 2015 CEHRT prior to the start of the last reporting period in calendar year 2019. The team provided exceptional **technical assistance to a total of 438 providers** participating in their first year of Stage 3, which resulted in overall improvements of their PI measures and objectives' performance.



### 3. Utilizing certified electronic health records (EHRs) to improve quality, safety, and efficiency in the healthcare system

In the most recent program year 2020, the eHealthDC team continued to provide targeted technical assistance and outreach efforts to **26 organizations, representing more than 400 providers** amidst the evident challenge that the current public health emergency has presented to both providers and to the team working remotely. Nonetheless, eHealthDC has continued to engage with participating practices and organizations to ensure they remain in compliance with the program requirements by encouraging telehealth participation as much as possible. The eHealthDC team has provided rapid response during the public health emergency by assisting providers with implementing telehealth technologies to facilitate continued care delivery, align patient portal access strategies with new telehealth workflows, initiate a new workforce augmentation strategy to expand patient engagement efforts, etc. More information can be found in the newly added telehealth resources webpage on the eHealthDC website listed below.

**Webpage:** <https://www.e-healthdc.org/>

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#### Pre-Payment Verification

As part of the EHR Incentive Program's dispersing of incentives to providers, states must first perform a Pre-Payment Verification (PPV) process to determine eligibility. The PPV process was recently brought in-house and upgraded to detect inaccuracies in eligibility, reporting, and payment.

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## 4. Health IT to Support Social Determinants of Health

### Community Resource Information Exchange (CoRIE) project

#### What you need to know...

- **Outreach and Engagement:** DC PACT is working with coalitions focused on food and housing to engage organizations using or interested in using CoRIE for referrals. One practice in DC, Gerald Family Care, is already piloting the use of the referral tool to send food referrals to Giant. CRISP, with DC Greens, is exploring how to send pharmacy prescriptions to nutritionists in addition to Giant pharmacy from other sites. MedStar is also interested in using CoRIE for food referrals by the end of the calendar year.
- **Design and Development:** CRISP is engaging end-users to ensure CoRIE contains features and information for expected functionality. CRISP is focused on refining the referral tool through user feedback and workflow integration. Non-referral components related to screening and resource inventory and under development. Lastly, DC PACT Standardization Action Team is engaged with Gravity Project to ensure screening data captured for sharing through CoRIE aligns with national SDOH standards.

The Community Resource Information Exchange (CoRIE) project launched in March 2020 to help serve Medicaid beneficiaries' social service needs and support person-centered care by streamlining risk screening and referrals to community-based organizations (CBOs). The Department of Health Care Finance (DHCF) awarded CRISP the grant to develop and implement the technical solution that will integrate community resource inventory, risk screening, and referral information to facilitate capture and exchange of social determinants of health (SDOH) data among District health care and social service providers. From October to November 2020, CRISP in collaboration with the DC Primary Care Association and DHCF will explore use cases and conduct outreach to engage early adopters that can help inform design and test tools used in screening, referral, and exchange of SDOH data. Additional information on the progress of these activities will be shared and posted on the DHCF DC HIE and CRISP DC websites.

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## 5. Transforming behavioral health for improved access and outcomes in care delivery

### What you need to know...

- In June, DHCF announced an award to CRISP **\$951,720** to develop and implement a granular consent management solution. This work is funded through the CMS' 1003 SUPPORT Act Provider Capacity Grant and is a planning grant designed to improve infrastructure and provider capacity to deliver high quality substance use treatment and recovery services to the District of Columbia. The project will also engage with a multi-state collaborative (MD, AZ, DE, WV) developing an open-source consent management resource.
- During the first quarter of the grant, CRISP conducted interviews and technical requirements gathering activities with a range of SUD service provider sites throughout the District.

### Consent Management for HIE Grant

On June 22, following a competitive application process, DHCF awarded \$951,720 to CRISP to develop and implement a granular consent management solution that facilitates the exchange of substance use disorder (SUD) data protected by 42 CFR Part 2 among organizations participating in the DC HIE.

This opportunity is funded by CMS' 1003 SUPPORT Act Provider Capacity Grant. Funding for this project is a component of the Centers for Medicare and Medicaid Services Supporting Provider Capacity to Deliver High Quality Substance Use Treatment and Recovery Services in the District of Columbia planning grant, which was awarded to DHCF in September 2019. The Consent Management for HIE Grant is funded 100% by these federal funds.

The consent management solution will allow entities participating in the DC HIE to support Medicaid beneficiaries' ability to create, manage, sign, and revoke 42 CFR Part 2 compliant consent. The applicant shall also provide tailored workflow analysis, training, and implementation support so that HIE participants can adopt consent management tools.

The program shall accomplish four main objectives to implement a consent management solution: 1) Plan and Gather Technical Requirements; 2) Review, Recommend, and Select Consent Management Solution; 3) Implement Consent Management Solution; and 4) Engage Stakeholders to Meet Ongoing Needs and Expectations. The project will also engage with a multi-state collaborative (MD, AZ, DE, WV) developing an open-source consent management resource.

- The period of performance for this grant is June 22, 2020 – September 29, 2021

The first phase of the project (thru October 31, 2020), requires CRISP to schedule conversations with at least 10 SUD treatment provider sites – including ASARS, MAT, IMD, primary care, hospital-based, and DBH-certified providers – and subsequent interviews to assess provider workflows and gather technical requirements to include in an electronic consent management solution.

- Since mid-August, the CRISP Consent Management team has made great progress by:
  - Contacting 21 District SUD service provider organizations
  - Meeting with 12 District SUD services provider organizations for project introduction and overview
  - Completing workflow and technical requirements gathering activities with 6 District SUD service provider organizations.

## 5. Transforming behavioral health for improved access and outcomes in care delivery

CRISP is using input from these meetings to develop a summary of technical requirements and provider workflows. The outcomes from the technical requirements gathering activities as well as CRISP's concurrent involvement in the multi-state HIE consent collaborative will be used to develop CRISP's recommendation to DHCF on a consent management solution by the end of the calendar year. This will include a projected integration timeline and sustainability plan.

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## 6. Engage Stakeholders and Implement the Roadmap for Health IT and HIE

### Health IT Program Evaluation

DHCF is investing in understanding when and how HIE services are used to help improve the health IT program. DHCF is collecting data on 17 near-term measures that evaluate access, exchange, and use of health IT in the District. The collected data included data from District HIE entities, health professional licensures and surveys, Meaningful Use attestations, and DC Medicaid Data Warehouse provider and claims.

DHCF made revisions and conducted a final data validation to its Meaningful Use program participation dashboard. DHCF aims to publish the dashboard publicly in 2021 with updated information as Program Year 2020 opens in October.

In addition, DHCF partnered with CRISP DC to convert its monthly reporting of HIE access and utilization metrics into an interactive dashboard to track progress of District-wide HIE adoption and use. The first rendition of this dashboard is now publicly available [here](#).

DHCF will continue to engage the Board's Stakeholder Engagement subcommittee throughout FY22 to refine additional measures for DHCF to track as more data sources, such as social determinants of health and provider satisfaction with data quality, become available.

DHCF has started planning for its 2022 State Medicaid Health IT Plan (SMHP) submission. The SMHP is the strategic plan for HIT activities in the District. The SMHP was last updated in 2018 and focused on four priority areas: 1) improving transitions of care; 2) population health analytics; social determinants of health; and public health.

During FY21, DHCF will be collecting, analyzing, and summarizing information from stakeholder interviews, focus groups, and quantitative data on health IT utilization and service delivery patterns. DHCF shall take the lead on assembling the SMHP draft document and the final product shall be submitted by DHCF to CMS and made available to the public.

<b>Submit <u>plan to conduct an environmental scan to CMS</u></b>	January 1, 2021
<b>Conduct stakeholder interviews and focus groups</b>	February – April 2021
<b>Report of analysis, findings, and notes related to the Environmental Scan, and visuals, graphs, charts and narrative descriptions for the Environmental Scan.</b>	May 31, 2021
<b>Complete draft content to be include in the 2022 SMHP Submission.</b>	September 30, 2021
<b>Publish and submit to CMS <u>final SMHP</u></b>	March 31, 2022

Webpage: <https://dhcf.dc.gov/hitroadmap>

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## 7. HIE Operations, Compliance, and Efficiency Subcommittee

Ms. Lucinda Wade, Chair

Ms. Gayle Hurt, Vice-Chair

- **Subcommittee Purpose** Advise, monitor, and improve the community standards for HIE operations in the District.
- **Subcommittee Mission** Facilitate the establishment of standards for the DC HIE entities that reflect best practices and ensure consistent operations within the DC HIE.
- **Goal #1: Recommend benchmarks for accuracy, timeliness, and completeness of data sent via HIE**
  - **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.
- **Goal #3: Develop a recommendation on a minimum data set**
  - **Update:** The subcommittee along with the DC HIEs, and DHCF staff are in discussions on defining and refining the purpose of OCE and the DC HIE interoperability (committee) to address all issues related to the DC HIE's interoperability strategies. The OCE subcommittee will be revisiting their charter at their next meeting to address any changes needed or gaps within the current DC HIE governance model to address interoperability issues by the subcommittee.

## 8. HIE Stakeholder Engagement Subcommittee

Dr. Yavar Moghimi, Chair

Ms. Layo George, Vice-Chair

- **Subcommittee Purpose:** Gain and maintain stakeholder engagement for long-term operational and financial sustainability of health information exchange in the District
- **Subcommittee 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 State Medicaid Health IT Plan measurement framework and priorities.
- **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 as a virtual event on a later date. In the interim the subcommittee coordinated a series of webinars with DHCF and CRISP DC on topics related to COVID-19, telemedicine, and health information exchange. Recordings of the webinars are available at <https://crispdc.org/training-videos/>
  - **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.

## 9. HIE Policy Subcommittee

Mr. Justin Palmer, Chair

Mr. Praveen Chopra, Vice-Chair

- **Subcommittee Purpose:** Provide recommendations on public policy initiatives that encourage participation in and the sustainability of the DC HIE.
- **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 is 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

The DCHF and CRISP DC team will re-engage with the subcommittee to commence on these and other defined activities in the early Winter timeframe.