

DC HIE POLICY BOARD

DHCF HIT/HIE Staff and Board Subcommittee
Quarterly Report

APRIL 2020





Executive Summary

Dear HIE Policy Board members,

We hope you are all safe and well during this unprecedented time. We know that many of you are working on the frontlines of the District's response to the COVID-19 public health emergency. We greatly appreciate your professional and personal efforts to protect the community.

As you are aware, we were scheduled to have our regular quarterly HIE Policy Board meeting on Thursday, April 23. Given that priorities have shifted during the time of the pandemic and our subcommittees do not have pressing issues or recommendations to present to the Board at this time, we, along with guidance provided by the Mayor's Office of Talent and Appointments, decided to cancel the meeting.

In place of the meeting, we have prepared this staff and subcommittee status report to update you on both DHCF HIT/HIE and Board subcommittee activities since our January Board meeting.

A few highlights:

- **DHCF is pleased to announce CRISP is officially the District's Designated HIE Entity! Read more on page 5.**
- **DHCF and its technical assistance partners are engaged in stakeholder activities on telemedicine and HIE in response to the COVID-19 public health emergency. Read more on page 3-4.**
- **We continue to see a steady increase in the number of active CRISP users that demonstrates the effectiveness of District partnerships in connecting providers to the DC HIE. Read more on page 7.**

We encourage questions and comments on these reports. Please directly contact staff listed under each update or for general inquiries please send them to healthIT@dc.gov. We look forward to seeing you (virtually) at the **July 23, 2020** Board meeting.

Be safe and well,

Dr. Erin Holve
Chair, HIE Policy Board

1. Engagement and Response to COVID-19 Pandemic

COVID-19 Telemedicine Policies and Services

Given the threat of coronavirus (COVID-19), on March 12, DHCF adopted an emergency and proposed rule that established authority for Medicaid to pay for telemedicine services delivered in a beneficiary's home. Further, on March 19, under the Mayor's authority, DHCF authorized payment for audio-only visits delivered via telephone, temporarily suspending provisions of the District of Columbia Telehealth Reimbursement Act of 2013 that indicate "services delivered through audio-only telephones.... are not included" in the definition of telehealth.

Subsequent to these policy changes, DHCF's Health Care Reform and Innovation Administration (HCRIA) recognized an opportunity to support providers efforts to use technology to ensure continuity of care for their patients during the public health emergency. Under existing grants and technical assistance contracts, HCRIA has worked with its TA partners to collect information about the availability and use of telemedicine in the community, as well as provider needs. Collectively, DHCF's technical assistance partners, eHealth DC and Enlightened Inc., have contacted a total of **217 provider organizations** across the District to ensure DHCF can support providers' use of HIE and telemedicine. DHCF has received structured feedback on specific telemedicine capabilities and level of readiness from **36 of these provider organizations**.

Findings from providers contacted for outreach efforts include:

- The most common EHR telemedicine module used is eClinicalWorks Healow.
- The most common third-party vendors used to conduct telemedicine (listed in order of most to least common) are: Zoom Health, Doxy.me (free), Microsoft Teams (less common), and Google Meet (less common).
- Providers' main requests for additional support were around billing and coding for telemedicine, strategies to improve IT literacy for patients, understanding telemedicine vendor options and costs, and remote patient monitoring.

Telemedicine Resources

- DHCF developed the following telemedicine guides for its Medicaid providers (*late March - early April*):
 - [DC Medicaid Telemedicine Guide](#)
 - [DC Medicaid Coding for Telemedicine and Coronavirus \(COVID-19\)](#)
- [DC Primary Care Association developed the following telemedicine resources](#) (*mid-March - present*):
 - Telehealth resource guide/ cheat sheet
 - [Telehealth: eClinicalWorks healow TeleVisits FAQ](#)
 - [Telehealth: Creating Televisit Consent Statement in eClinicalWorks](#)
 - [Telehealth: Allscripts Follow MyHealth Video Visits FAQ](#)
 - [Telehealth: Privacy and Security Information FAQ](#)

1. Cont. Engagement and Response to COVID-19 Pandemic

COVID-19 DC HIE Notifications

On March 27, the Department of Health in collaboration with DHCF and CRISP DC, published a directive, ***Order Regarding the Notification of Exposure to the 2019 Novel Coronavirus Using the DC HIE (2020-03)***, requiring the following during the duration of the COVID-19 public health emergency:

1. COVID-19 to be included in the list of notifiable diseases or conditions in the District. By law, all health care providers must report COVID-19 results to DC Health.
2. All public health and commercial labs shall share data on COVID-19 with the DC HIE and DC Health.
3. The DC HIE has the authority to provide notifications of COVID-19 positive test results to FEMS providers such as emergency medical service clinicians, firefighters, and other persons in the event of their exposure to COVID-19.

In response to the directive, CRISP DC now provides alerts when patients test positive or negative for COVID-19 as well as for any confirmed cases, as reported to DC Health and the Maryland Department of Health.

CRISP DC is connected to Labcorp and Quest lab feeds and shares positive and negative lab results across the region, as well as receiving an HL7 feed of lab data from District hospitals. These results are currently limited to ordering physicians that are CRISP DC participants with executed lab request forms within CRISP's system. For more information and statistics on these new use cases, please read 'New Features' on page 6 of this document. CRISP DC is actively involved with DHCF in developing new use cases related to COVID-19.

Contact: For information on any of the COVID-19 updates above, please contact DHCF HIT/HIE staff at healthIT@dc.gov.



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

The DC HIE – Announcing the District’s Designated HIE Entity and District Registered HIE Entities

The DHCF is pleased to announce our participating partners in the DC HIE.

On April 22, 2020, after undergoing an open and competitive process, CRISP was publicly named the District's Designated HIE Entity. As the District's Designated HIE Entity, CRISP is DHCF's organizational partner in supporting the ongoing maintenance and operation of the DC HIE infrastructure and services. The District Designated HIE Entity is committed to supporting the development and maintenance of HIE services to facilitate the secure, electronic exchange of health information among the District Registered HIE entities and participating organizations in the District. In its commitment as the District's Designated HIE Entity, CRISP plans to complete several activities over the upcoming year to ensure ongoing efforts to promote awareness of the services among residents and strengthen the sustainability of the DC HIE. Some of these activities include:

- Formalizing a regional governance model that provides District representation in the governance of HIE services;
- Optimizing the CRISP DC website to improve the public’s ability to find general information and consumer education materials. These efforts will address public accessibility and the visibility of CRISP DC’s programs, tools, services, and data governance policies in the District; and,
- Maintaining ongoing representation and engagement with the District's HIE Policy Board and subcommittees to prioritize District stakeholder needs and fulfill post-regulatory policies as developed and recommended by the Board.

In addition to CRISP, DHCF is pleased to announce that as of February, the District of Columbia Primary Care Association has met the requirements to be a District Registered HIE Entity.

Congratulations to the Board and other District stakeholders who contributed to this effort and fulfilling the vision of the DC HIE articulated in the 2018 State Medicaid Health IT Plan! DHCF will continue to work closely with CRISP, DCPCA, and the HIE Policy Board to build awareness of the DC HIE’s role as a critical public utility for District providers, as well as to develop new HIE services that respond to the community’s needs. DHCF will work closely with the Board’s subcommittees to outline key priorities and activities needed post the DC HIE Rule implementation.

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

Staff Contact: Nina Jolani, Program Analyst, Nina.Jolani@dc.gov

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

Health Information Exchange Implementation – Core HIE Capabilities for Providers Grant

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.

CRISP, along with its sub-grantees, DC Primary Care Association, and DC Hospital Association, continue to make significant progress.

These accomplishments include:

New Features

- Integration of Fire/EMS data with nearly **10,000 Fire and EMS alerts** sent monthly.
 - Effective March 20, 2020, FEMS and other first responders receive real time alerts in the event of their exposure to COVID-19.
- In addition to Medstar Georgetown, Medstar Washington Hospital Center, JH Sibley, and Kaiser- **George Washington Hospital, Children's National, and United Medical Center** now participate in image exchange and **send their lab data to CRISP**.
 - Effective March 20, 2020, all public health and commercial labs share information on notifiable diseases or conditions with DC Health and the DC HIE.

Utilization Trends

- **7 DC hospitals' users** currently have access to CRISP tools. Of these DC hospitals' users; **5 have single sign-on access** through their EHR systems.
- The CRISP Unified Landing Page is now accessible to approximately **9,300 providers/organizations** in the District that have participation agreements with CRISP.
- CRISP DC implemented a patient lookup function that is accessible **by approximately 40% of District providers/practices** that submit more than 100 Medicaid claims per year. These District providers/practices can look up information on their patients based on patient panels they have submitted to CRISP DC.

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

Staff Contact: Michael Fraser, Management Analyst, Michael.Fraser@dc.gov

New Staff Hire – Nathaniel Curry, HIE Project Analyst

DHCF HCRIA welcomes Nathaniel Curry to the HIT/HIE team! Nathaniel will lead the HIE Connectivity Grant. Prior to his position at DHCF, Nathaniel was an IT lead at a Maryland Casino. Additionally, Nathaniel has a background in health having previously worked with a supplemental health insurance. Please help us in welcoming Nathaniel to the team! You can reach him at Nathaniel.Curry@dc.gov.

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

Health Information Exchange Implementation – HIE Connectivity Grant

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

Enlightened, Inc. is continuing its work with the Children’s Integrated Quality Network (CIQN), Capital Partners in Care Health Information Exchange (CPC-HIE), and the Chesapeake Regional Information for Our Patients, Inc. (CRISP DC) to connect the three (3) HIE entities, and utilize funds to cover the full cost of onboarding Medicaid high-volume providers and independent practices.

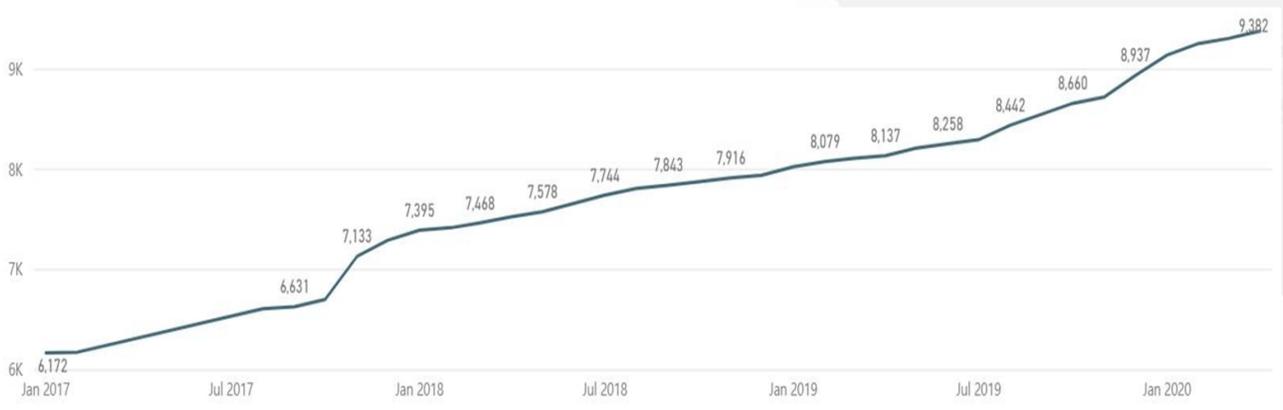
Accomplishments to date include:

HIE Connectivity Grant Performance Measures:

- Contacted **202 Provider Organizations** in the District for onboarding support.
- **56 Provider Organizations** were connected to the DC HIE which enables them to view clinical data (via the HIE through either their EHR or patient portal).

The figure below indicates a steady increase in the number of active CRISP users (**9,326 as of March 2020**), which demonstrates the effectiveness of the strong partnership between Enlightened Inc, Zane Networks, DC Primary Care Association (DCPCA), CRISP DC, and Children’s National Hospital to connect District Medicaid Provider organizations to the DC HIE. Since January 2017, there has been a **51% increase** in active DC CRISP users and a **10% increase** since the start of FY20.

Number of Active DC CRISP users, by user type (i.e. provider, administrator, payer)



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

Staff Contact: Nathaniel Curry, Project Analyst, Nathaniel.Curry@dc.gov

3. Enhance the Adoption and Meaningful Use of Electronic Health Records

Meaningful Use of Electronic Health Records – Program Year 2018 and Program Year 2019

The Department of Health Care Finance is pleased to announce that Program Year 2019 for the DC Medicaid EHR Incentive/Promoting Interoperability Program formally opened on January 6, 2020. DHCF accepted attestations from all eligible providers until the close of the program year. The deadline for Program Year 2019 was extended to **April 30, 2020**.

To qualify for 2019 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>

Staff Contact: Eduarda Koch, Project Manager, Eduarda.Koch@dc.gov

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. 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. 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, the eHealthDC team successfully provided technical assistance to **24 provider organizations** to attest to Program Year 2018. This represents a **substantial increase** in the number of providers that attested to the previous Program Year 2017 and is mainly due to new partnerships between DHCF, eHealthDC, and Children's National Health System.

In the most recent 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.

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

Staff Contact: Eduarda Koch, Project Manager, Eduarda.Koch@dc.gov

3. Enhance the Adoption and Meaningful Use of Electronic Health Records

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. Given the increased threshold of the Promoting Interoperability Program metrics, the team has received a total of 27 submissions for program year 2019. We have approved 16 providers for incentive payments and anticipate approving the remaining 11 providers by the end of June 2020.

Staff Contact: Adaeze B. Okonkwo, Program Analyst, Adaeze.Okonkwo@dc.gov



4. Behavioral Health Transformation

Consent Management for HIE Grant

On February 24th, DHCF released a Request for Applications (RFA) to solicit applications for the design, development, and implementation of a consent management solution that will facilitate substance use disorder (SUD) exchange among organizations participating in the DC HIE. This opportunity is funded by CMS' 1003 SUPPORT Act Provider Capacity Grant. The application deadline was March 25, 2020.

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 planning grant allows DHCF to allocate and award \$997,975 to a DC HIE entity 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.

- Applications for this grant award are currently under internal DHCF review.
- The anticipated period of performance for this grant is May 2020 to March 29, 2021.

Staff Contact: Deniz Soyer, Project Manager, deniz.soyer@dc.gov; Jordan Kiszla, Project Manager, Jordan.Kiszla@dc.gov



5. 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.

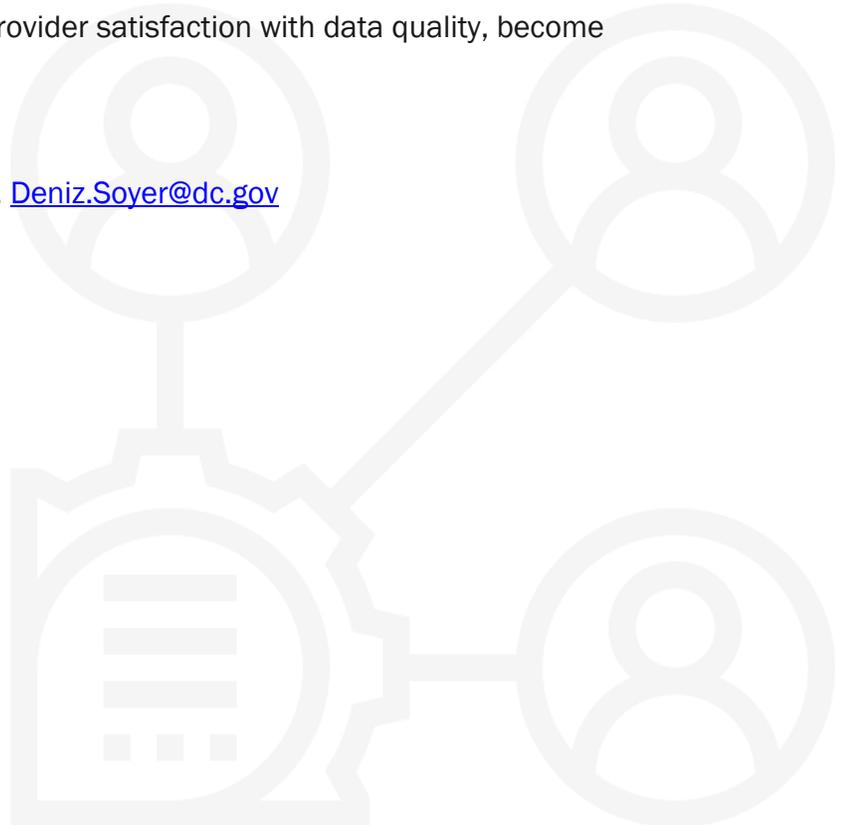
Since the January HIE Policy Board meeting, DHCF reviewed feedback received from the usability (UX) testing conducted with volunteer Board members on its Meaningful Use program participation dashboard. DHCF made revisions to the dashboard and is currently conducting final data validation prior to publishing the dashboard publicly this Spring.

In addition, DHCF has engaged with CRISP DC to convert its monthly reporting of HIE access and utilization metrics into an interactive dashboard. The first phase of this conversion is expected to be completed by April 30th. These dashboards will also be used to report progress to the HIE Policy Board in a standardized format at its quarterly meetings.

DHCF will continue to engage the Board's Stakeholder Engagement subcommittee throughout FY20 and FY21 finalize and 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.

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

Staff Contact: Deniz Soyer, Project Manager, Deniz.Soyer@dc.gov



6. 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.

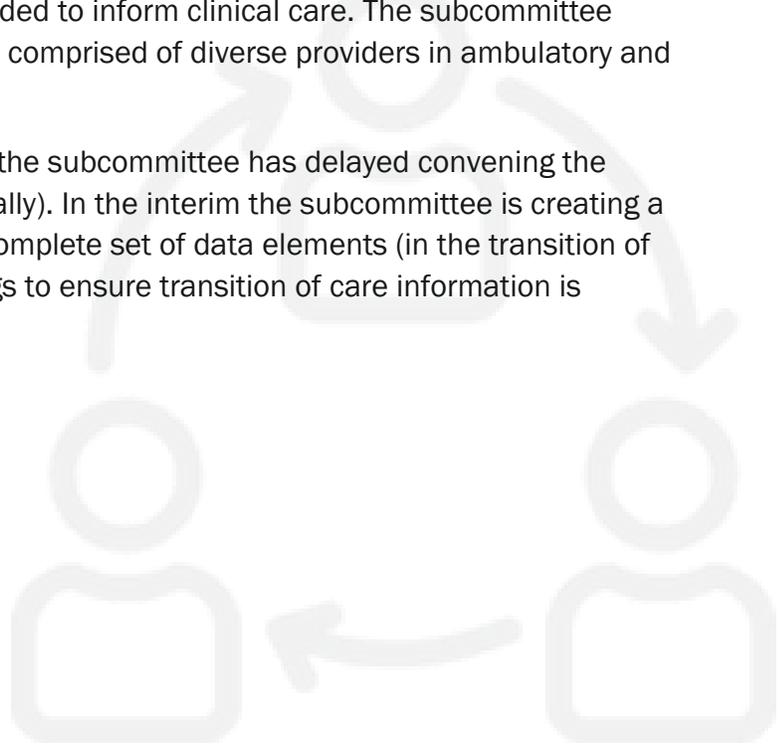
Goal #1: Recommend benchmarks for accuracy, timeliness, and completeness of data sent via HIE

Background: High-quality data is key to establishing provider trust and driving HIE participation. The District lacks clear community standards for accuracy, timeliness, and completeness of discharge data sent via HIE.

Update: Since the January 2020 Board meeting, the subcommittee has met and gone through several iterations of how the data measures should be defined. As of this month, the subcommittee has identified a set of priority data elements.

Given the importance of discharge data for transitions of care, the subcommittee deemed it critical to get feedback from stakeholders to ensure that the measure definitions are clear and include the most appropriate key elements needed to inform clinical care. The subcommittee created a 'HIE Technical User Evaluation Panel' comprised of diverse providers in ambulatory and acute care settings from across the District.

Due to the COVID-19 public health emergency, the subcommittee has delayed convening the Panel but will seek and engage feedback (virtually). In the interim the subcommittee is creating a set of use cases to demonstrate the flow of a complete set of data elements (in the transition of care document) in several different care settings to ensure transition of care information is provided within 48-72 hours.



7. HIE Stakeholder Engagement Subcommittee

Dr. Yavar Moghimi, Chair

Ms. Layo George, Vice-Chair

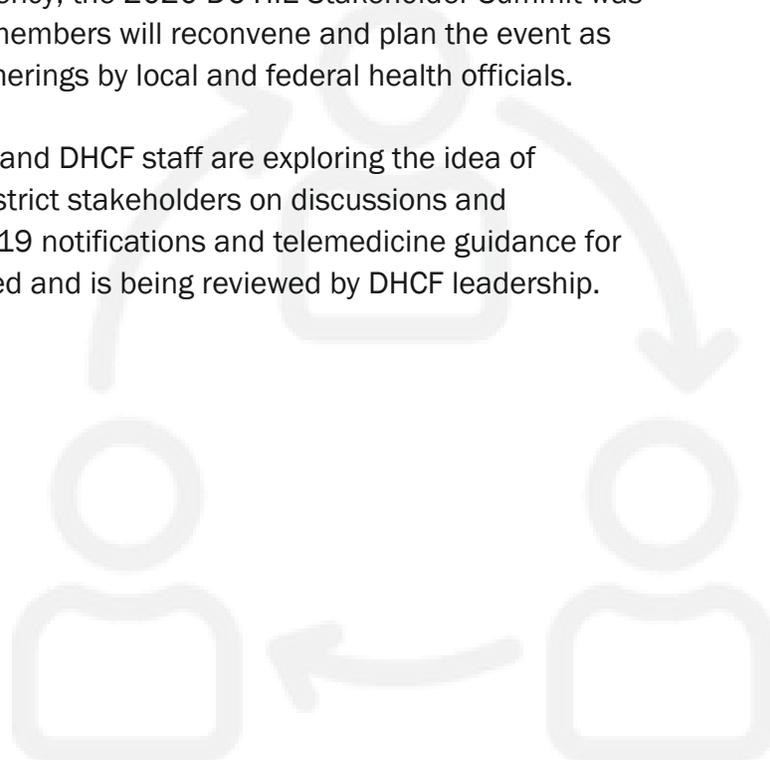
- **Subcommittee Purpose:** Gain and maintain stakeholder engagement for long-term operational and financial sustainability of health information exchange in the District
- **Subcommittee Mission:** To provide recommendations to the HIE Policy Board on:
 - Strategies to promote the value of HIE through 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: At the August 2019 DC HIE Policy Board meeting, the Board voted to endorse the Stakeholder Engagement subcommittee's recommendation that the DC Department of Health Care Finance, along with the Board, via the Stakeholder Engagement subcommittee, plan and organize the 2020 DC HIE Stakeholder Summit. For a 2020 Summit, the Board recommended an implementation timeframe of Summer 2019-Spring 2020 initially scheduled for April 22.

Update: Due to the COVID-19 public health emergency, the 2020 DC HIE Stakeholder Summit was postponed. DHCF staff along with subcommittee members will reconvene and plan the event as soon as further guidance is provided on mass gatherings by local and federal health officials.

Currently, the subcommittee along with CRISP DC and DHCF staff are exploring the idea of convening virtual town hall webinars to engage District stakeholders on discussions and resources related to the DC HIE, CRISP DC COVID-19 notifications and telemedicine guidance for the District. The proposed concept has been shared and is being reviewed by DHCF leadership.



8. 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.

General Update: Since the January HIE Policy Board meeting, several new policy updates have been released by the federal government, including but not limited to the final CMS and ONC rules, updates to 42 CFR Part 2, telehealth, and other consumer facing health policies. DHCF staff and subcommittee members are actively discussing these developments and plan to provide further guidance and direction where these policies impact current and future DC HIE projects and initiatives.

