

DC HIE POLICY BOARD

DHCF HIT/HIE Staff and Board Subcommittee
Quarterly Report

JULY 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, July 23rd.

Our staff and subcommittee members have done tremendous work over the past few months, including in drafting several recommendations and hosting a number of 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:

- New staff! We are pleased to welcome **Nathaniel Curry** to the team supporting our **HIE Connectivity** efforts in the community.
- DHCF and its technical assistance partners eHealth DC, CNMC, Enlightened Inc. and CRISP Inc. are engaged in stakeholder activities on telemedicine and HIE in response to the COVID-19 public health emergency. These activities include **DHCF's request and receipt of \$1,248,449.47 in emergency federal to support telemedicine**. Read pages 3-4.
- We continue to see a **steady increase in the number of active CRISP users** that demonstrate the effectiveness of our Health IT and HIE connectivity TA program. Since January 2017, there has been a **51% increase** in active DC CRISP users and a **10% increase since the start of FY20**. As of this month, **all Institution for Mental Disease providers are connected to the DC HIE**. Read pages 5-7.
- In the past months, DHCF awarded two grants to CRISP: 1) to develop and implement a granular **consent management solution**, and 2) to develop and implement a **Community Resource Information Exchange Technical Solution (CoRIE)** that facilitates use of a community resource inventory. Read pages 10-11.
- The HIE OCE Subcommittee was tasked with working with the DC Hospital Association, CRISP DC, and other stakeholders to develop a recommendation on **a set of data elements for the transition of care document**. This recommendation is submitted for the Board's review and vote on July 23. Read page 13.
- The Policy Subcommittee was tasked to research and provide guidance on the secondary use of health information to support DHCF's development of its policy guidance, as required by section 8703.4 of the DC HIE Rule. The Subcommittee developed **a self-assessment checklist on the secondary use of health information for DC HIE entities**. This recommendation is submitted for the Board's review and vote on July 23. Read page 14.

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.

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 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.
- eHealth DC 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 resources on telemedicine. Additionally, it has led DHCF to request and 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.

Background

Given the current threat of coronavirus (COVID-19), DHCF's Health Care Reform and Innovation Administration (HCRIA) recognized the potential of health IT, specifically HIE and telemedicine, for use by providers 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. Findings from these outreach efforts are summarized below.

Collectively, DHCF's technical assistance partners, eHealth DC and Enlightened, Inc., have contacted a total of **223 provider organizations** across the District to ensure DHCF can support providers' use of HIE and telemedicine. DHCF and its TA partners have received input on specific telemedicine capabilities and level of readiness from **40 of the 223 provider organizations**.

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 FollowMyHealth Video Visits FAQ](#)
 - [Telehealth: Privacy and Security Information FAQ](#)

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

Based on the environmental scan:

- 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.
- Provider types that are less likely to offer telehealth services are home health and independent providers.

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

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 would enable providers participating in the DC Medicaid Incentive/Interoperability Program to receive technology to meet the 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.

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

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

The DC HIE – Announcement of the District Designated HIE Entity and District Registered HIE Entity

What you need to know...

- In April, DHCF announced **CRISP as the District's Designated HIE Entity**; making CRISP, DHCF's organizational partner in supporting the ongoing maintenance and operation of the DC HIE infrastructure and services. In addition to CRISP, DHCF announced the **District of Columbia Primary Care Association as having met the requirements to be a District Registered HIE Entity**. The announcement fulfilled the vision of the DC HIE articulated in the 2018 State Medicaid Health IT Plan.
- Currently, DHCF is implementing the next phase of work associated with the DC HIE governance strategy, to regulate the ongoing requirements cited in the DC HIE Rule and CRISP's District Designated HIE Entity Memorandum of Agreement with DHCF. The strategy includes various collaborations and communication initiatives to enhance the DC HIE marketplace.

As of April, DHCF has met with its DC HIE partners to strategize on the next phase of work framed as the post-DC HIE rule implementation governance strategy.

The strategy outlines several areas of which some apply to the District's Designated HIE Entity, some that are only applicable to District Registered HIE Entities, and others that are general strategic initiatives for the enhancement of the DC HIE marketplace.

In its role as the regulator of the DC HIE, DHCF will refine, finalize, and begin implementing the strategy to complete a set of tasks to be completed by the end of this calendar year. The areas concerning the DC HIE Policy Board, are the Board's continued collaboration with the DC HIE entities in the development of community standards and policies to maintain and sustain the DC HIE.

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

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

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 Grants*

What you need to know...

- CRISP DC implemented a patient lookup function that is **accessible to approximately 43%** of District providers/practices that submit more than 100 Medicaid claims per year.
- Since January 2017, there has been a **51% increase** in active DC CRISP users and a **10% increase since the start of FY20**.
- All Institutes of Mental Disease in the District created participation agreements with CRISP and now receive appropriate alerts, including **Psychiatric Institute of Washington, and St. Elizabeth's Hospital**.

2. The DC HIE: Increasing Health Information Exchange Capacity for Providers (cont'd)

- 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*.

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 grant to Enlightened, Inc. also commenced providing onboarding connection, support, and training for District providers to the DC HIE.

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 **234 Provider Organizations** in the District for onboarding support
- **As of the beginning of FY19, 82 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)
- 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 ULP and 4 of the 19 can send and share clinical and encounter data

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.

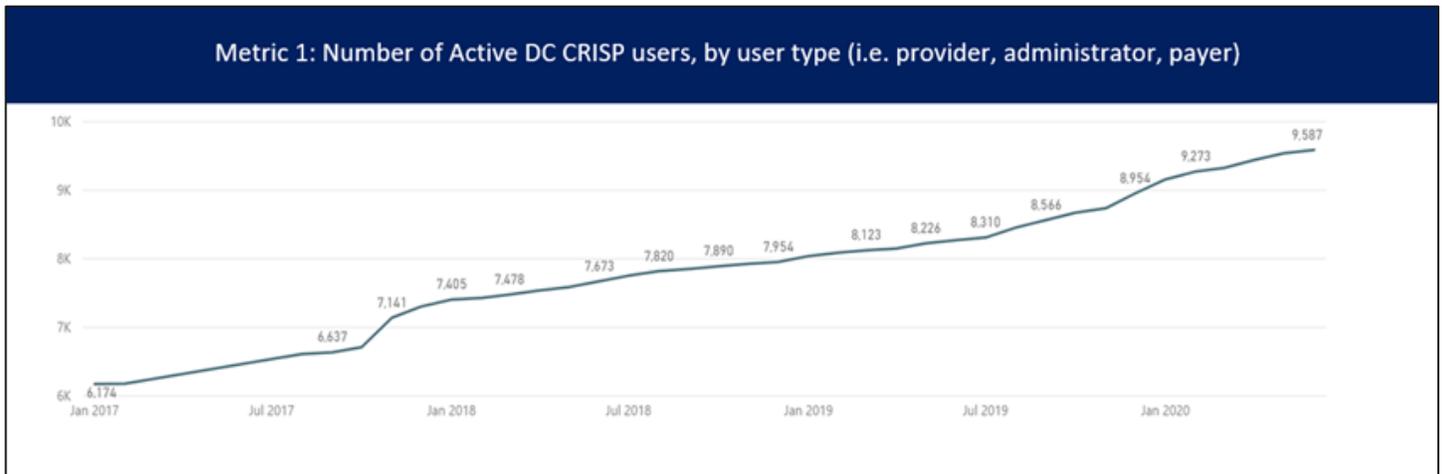
CRISP Reporting Services DC Rollout:

- DHCF has been working with CRISP and hMetrix to complete the initial roll out of a population health reporting tool, called CRISP Reporting Services DC, this August for providers to monitor their progress on pay for performance (P4P) measures associated with MHGPS program.
- On June 22, CRISP and hMetrix completed its work with DHCF's health IT team and the Division of Analytics and Policy Research to complete the data validation phase of the project. This work confirmed the reporting tool's ability to accurately calculate P4P measures and therefore served as a vital step prior to commencing the rollout and implementation phase of the project, which will be completed this summer.
- In FY21, DHCF will continue working with CRISP, hMetrix, as well as 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 (cont'd)

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 receive alerts as well.
- The CRISP Unified Landing Page (ULP) is now accessible to approximately **9,500 providers/organizations in the District**.
- CRISP DC implemented a patient lookup function that is **accessible to approximately 43%** 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.
- The figure below indicates a steady increase in the number of active CRISP users (**9,587** as of June 2020), 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.**



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

Staff Contact: Michael Fraser, Management Analyst, Michael.Fraser@dc.gov; Nathaniel Curry, Project Analyst, Nathaniel.Curry@dc.gov

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 is slated to open at the end of the 2020 calendar year and will close around February/March 2021 (exact dates not yet approved by DHCF/CMS).
- The eHealth DC team continues to provide targeted technical assistance to providers during the public health emergency. In the Program year 2020, the eHealthDC team provided assistance and outreach efforts to **26 organizations, totaling over 400 providers**.
- For the current Program Year 2019, the DC Medicaid EHR Incentive/Interoperability Program received **26 submissions all of which approved for incentive payments**.

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 EHR Incentive/Promoting Interoperability Program is slated to open towards the end of calendar year 2020, to ensure providers are given an adequate amount of time to attest. DHCF will begin to accept attestations from all eligible providers at that time through the close of the program year. The deadline for Program Year 2020 is slated to close around February/March 2021. The exact dates have yet to be finalized and approved by DHCF/CMS and will be made public well in advance,

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>

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. 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.

3. Utilizing Certified Electronic Health Records (EHRs) to Improve Quality, Safety, and Efficiency in the Healthcare System (cont'd)

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.

In the most recent program year 2020, the eHealthDC team continued to provide targeted technical assistance and outreach efforts to **26 organizations, totaling over 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/>

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

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 26 submissions for program year 2019. The team has approved all incentive payments for Program Year 2019 providers.

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

4. Health IT to Support Social Determinants of Health

Community Resource Information Exchange (CoRIE) project

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). Based on a competitive grant process, DHCF awarded CRISP, Inc. a grant to develop and implement the technical solution. CoRIE 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. CRISP, in collaboration with DC Primary Care Association and DHCF, is currently exploring use cases and conducting outreach to engage early adopters that can help inform design and test tools used in screening, referral, and exchange of SDOH data.

Staff Contact: Rita Torkzadeh, Project Manager, Rita.Torkzadeh@dc.gov

5. Transforming Behavioral Health for Improved Access and Outcomes in Care Delivery

What you need to know...

- In June, DHCF announced a competitively awarded grant to CRISP Inc. **\$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 a an open-source consent management resource.

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 a an open-source consent management resource.

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

During the first quarter of the grant, CRISP will:

- Submit communication and stakeholder outreach plan to DHCF
- Conduct site visits with at least 10 provider organizations
- Develop a summary of technical requirements and provider workflow based on site visits

Staff Contact: Deniz Soyer, Project Manager, deniz.soyer@dc.gov; Elizabeth Garrison, Project Manager, elizabeth.garrison@dc.gov

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

What you need to know...

- At the January Board meeting, DHCF conducted usability testing and reviewed feedback from Board members on its Meaningful Use participation dashboard. Currently, DHCF is completing final data validation and aims to publish the dashboard this Summer.
- In addition, to the MU dashboard, DHCF is working with CRISP in converting CRISP's monthly reporting of HIE access and utilization metrics into an interactive dashboard. In its role as the District Designated HIE Entity, CRISP will present the dashboards during the quarterly HIE Policy Board meetings.

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 Summer.

In addition, DHCF has engaged with CRISP to convert its monthly reporting of HIE access and utilization metrics into an interactive dashboard. The first phase of this conversion was completed on June 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

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: The HIE OCE subcommittee was tasked with working with the DC Hospital Association, CRISP DC, and other stakeholders to develop a recommendation on the timeliness and completeness of data for transition of care. The recommendation is also to address and respond to the Mayor's Commission on Healthcare System Transformation which tasked the HIE Policy Board to develop a recommendation on the prioritization of data elements that should be transmitted upon discharge to improve transitions of care.

Update: The recommendation on the Transition of Care Data Elements proposes a three phased approach (in Table 1 of the recommendation document) for CRISP DC to design, implement and evaluate the Transition of Care Data Elements enumerated in Table 2 of the recommendation document. 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, improving care quality and health outcomes.

Board Action (if any): The subcommittee proposes that the DC HIE Policy Board endorse the Transition of Care Data Elements recommendation, which advises that CRISP DC implements the phased approach in designing, implementing, and evaluating the 13 Transition of Care Data Elements listed in the recommendation. Please read and review the recommendation (in attachment 3) ahead of the Board meeting.

Goal #3: Develop a recommendation on a minimum data set

Background: The HIE OCE subcommittee was tasked to work with the three HIE entities (Pediatric Health Network, DC Primary Care Association – Capital Partners in Care, and Chesapeake Regional Information System for our Patients, Inc.) in the District to develop a recommendation on a minimum dataset. The subcommittee decided to focus on the USCDI version 1 data elements. The HIEs were tasked to complete a spreadsheet on the status of the USCDI V1 Data Elements selecting currently exchanging, viable to exchanging in near term, or not currently exchanging.

Update: As of late June, the subcommittee completed the collection of feedback from all three HIEs. The subcommittee is developing a new workgroup to analyze the information collected and to lead the drafting of the recommendation with support and collaboration from the Policy 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 on a later date. In place of the Summit and for the time being, the subcommittee decided to coordinate a series of webinars with DHCF and CRISP DC on topics related to COVID-19, telemedicine, and health information exchange.

Update: The DC HIE COVID-19 webinar was hosted by CRISP DC in collaboration with DHCF and the Stakeholder Engagement subcommittee on May 27th and featured provider perspectives on the use and value of the DC HIE during COVID-19. To view the webinar recording, watch it [here](#). There were 125 registrants and 96 participants. It was noted that the webinar had one of the highest attendance rates due to the topic and the presenters. CRISP DC intends to continue its collaboration with the subcommittee to develop ideas for future topics and presenters.

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

Background: The DC HIE Rule defines secondary use of data as... “the use, access, or disclosure of health information through the registered HIE entity that is not for a Primary Use; subject to any limitations under HIPAA or federal law. A registered HIE entity shall provide DHCF with policies governing disclosure for Secondary Use in accordance with policy guidance published to the DHCF website.”

Update: The Policy Subcommittee developed the *DC HIE Secondary Use of Health Information Self-Assessment Checklist* to elicit information about the written policies, practices, and experiences of District Registered and Designated HIE entities for all such applicable use cases. In addition, to understand the impact of innovations in health care delivery and payment models, DHCF seeks this information about potential activities of District Registered and Designated HIE entities that support health care providers that are not HIPAA covered entities. These use cases apply to both identified and de-identified permitted uses. The development of consistent language and guidance will help District HIEs establish proper policies around the secondary use of health data. With adequate policies in place, District HIEs can maintain transparency and trust with patients on the use of such data.

Board Action (if any): The Policy subcommittee proposes that the DC HIE Policy Board endorses the recommendation on the *DC HIE Secondary Use of Data Self-Assessment Checklist*, which advises that the DC HIE Entities should complete and send the Checklist to DHCF staff within a timeframe coordinated with DHCF. Please read and review the recommendation (in attachment #3) ahead of the Board meeting.

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.

Background: National Policy - The 21st Century Cures Act mandated the establishment of a voluntary Trusted Exchange Framework and Common Agreement (TEFCA) to: Give health care providers a “single on-ramp” for national connectivity; Enable electronic health information to securely follow the patient; and Support nationwide scalability. Under the Cures Act, TEFCA is voluntary and does not preempt state law. ONC has not identified how it would engage with states or regions that have already established an HIE framework. Without further clarity, a local HIE framework like the DC HIE Rule could conflict with Common Agreement requirements. If this occurs, and the conflicts increase an HIE’s operational burden, some may decide not to participate in the DC HIE. Neither the Cures Act nor TEFCA precludes the DC HIE from developing its own financial sustainability models.

Update: In light of the pandemic and Public Health Emergency the subcommittee discussed the need for a trust framework related to public health surveillance efforts and whether it would be wise to review this issue as part of the subcommittee’s work.