

**DISTRICT OF COLUMBIA
HEALTH INFORMATION
EXCHANGE
POLICY BOARD
MEETING**



October 27, 2022 | 3:00 PM – 5:00 PM



THIS MEETING IS BEING RECORDED

Department of Health Care Finance | Remote Meeting

Agenda



01

Welcome and Call to Order

- Virtual Meeting Processes
- Roll Call
- Announcement of Quorum
- HIE Policy Board Announcements and Open Positions
- Introduction to New Staff

02

HIE Policy Board Subcommittee Reports

- Board Action on CRI recommendations
- Board Action on DC HIE Glossary

03

Behavioral Health Services and the DC HIE – Provider Engagement and Governance Processes

- Presentation by Department of Behavioral Health (DBH) on HIE Policy for Providers
- Update on Digital Health Technical Assistance
- DC HIE Agreements for Behavioral Health Providers

04

DC HIE – 2022 Review and Looking Ahead to 2023

- DHCF Update on Registered HIE Entity Renewals
- DHCF District Designated HIE Entity Updates
- DC HIE FY22 Year-End Review and Looking Ahead to 2023

05

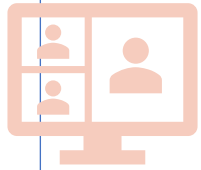
Public Comments

06

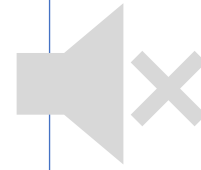
Next Steps/Adjournment



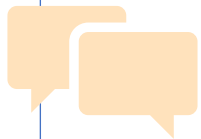
Virtual Meeting Processes



To increase engagement, turn on your video



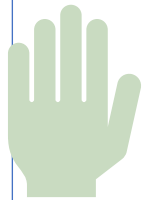
Mute your microphone upon entry, and until you are ready to speak



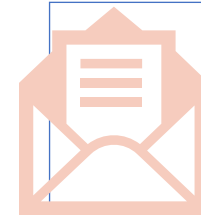
Use the chat function to introduce yourself: **Name, Title, Organization**



Putting your phone on hold, due to an incoming call, may disrupt the meeting



If you have comments or questions, please use the '**Raise Hand**' feature and speak clearly



Voting on a recommendation will require you to say: **Your name followed by either 'aye', 'nay', or 'abstain'**



Roll Call and Announcement of Quorum





HIE Policy Board Announcements and Open Positions





HIE Policy Board Vacancies

- Help us fill vacant positions! Interested parties may apply directly on the [Mayor's Office of Talent and Appointments \(MOTA\) website](#).
- All are welcome to apply! Desired backgrounds for each of these vacancies are listed below –

Two (2) Public Members

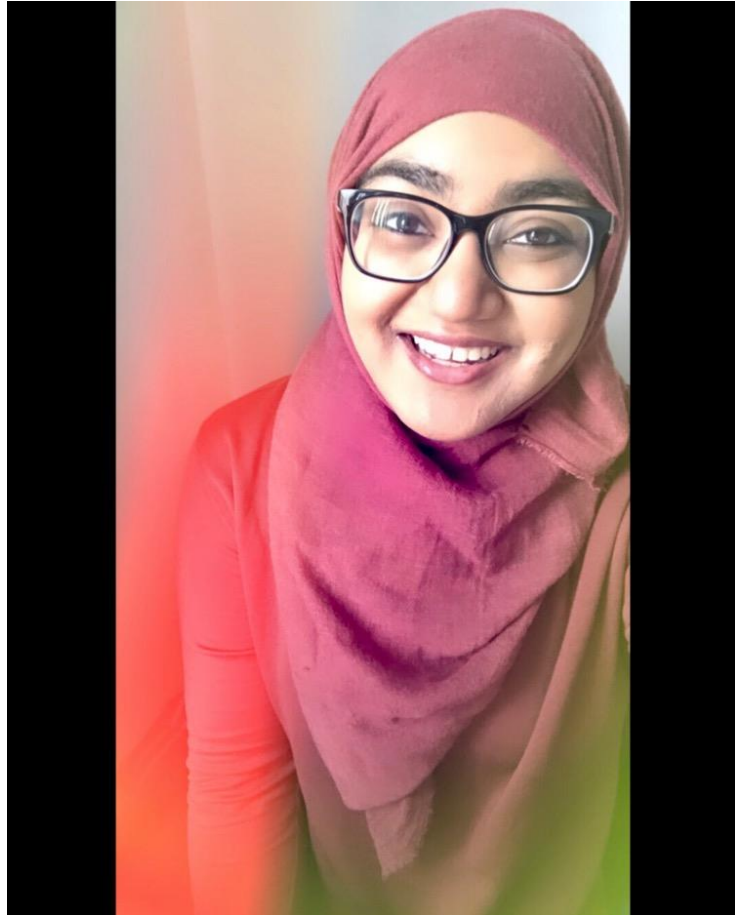
Community-Based Organizations (CBOs)

Patient/Consumer Advocacy

One (1) Medical Provider

Behavioral Health

New Staff Introduction: Asfiya Mariam



- Position within DHCF: HIE Policy Analyst
- BS in Biological Sciences, University of Maryland, Baltimore County (UMBC), 2016
- Sr. Program Associate, Quality and Operations, Association for Community Affiliated Plans (ACAP), 2020-2022
- Manager, Section Council, American Gastroenterological Association (AGA), 2018-2020



HIE Policy Board Subcommittee Reports



Allocated Time: 3:05 - 3:50 PM (45 mins.)



Community Resource Inventory (CRI) Subcommittee

Lucy DeOliveira

Allocated Time: 3:05 - 3:20 PM (15 mins.)

HIE PB Community Resource Inventory (CRI) Subcommittee

- **Co-Chairs**: Ms. Luizilda de Oliveira and Mr. David Poms
- **Mission**: Build the capacity of HIE stakeholders to share, find and use information about resources available to address health related social needs and improve health equity.
- **Purpose**: Develop recommendations for consideration by the HIE Policy Board that are related to the use, exchange, sustainability, and governance of community resource directory data through the District HIE infrastructure.

- **Membership**:

HIE Policy Board Members

- Dr Eric Marshall (Gerald Family Care)
- ***[open seat]***




District CRI Data Stewards

- Stacey Johnson (Bread for the City)
- Luis Diaz (Criminal Justice Coordinating Council)
- Tamara Moore (Department of Aging and Community Living)
- Sabrina Tadele (Capital Area Food Bank)
- Ariana Wilson (Maryland 2-1-1)

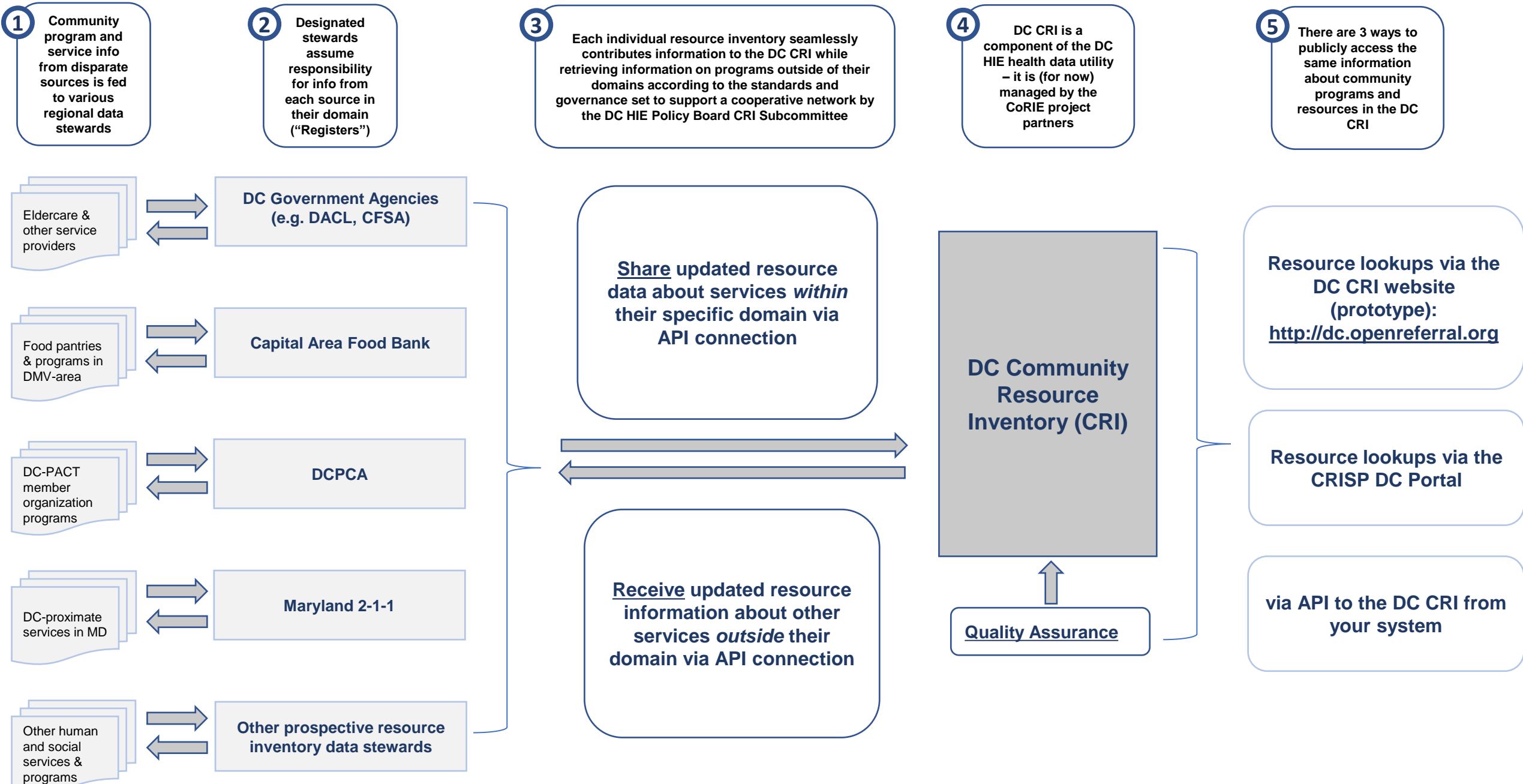
Community Members

- Tommy Zarembka (Food & Friends)

CRI Subcommittee Workplan

Activities	Timeframe	Progress
<ul style="list-style-type: none"> Level set of the CoRIE Project, CRI development, DC PACT CRI Action Team activities Review the CRI Action Team’s testing and evaluation strategies Review technical models (service register, federated data exchanges, data utility) 	<p>August – October 2021</p>	
<ul style="list-style-type: none"> Evaluate style guide on standards, authority, access and taxonomy Evaluate viability of technical models (register, federated, utility) 	<p>November 2021 – January 2022</p>	
<ul style="list-style-type: none"> Evaluate CRI Action team proposal for sustainability Prepare final draft of data governance recommendations for HIE PB to adopt at April PB meeting 	<p>February – April 2022</p>	<p>In Progress</p>
<ul style="list-style-type: none"> Continue business from previous quarters (if needed) Memorialize inter-governmental collaboration on CRI via new rulemaking/MOU/etc. (if needed) 	<p>May – July 2022</p>	

The DC CRI requires community participation to ensure records for programs and services offered are up-to-date



Open Questions Answered

Who should be the monitor or anchor institution for the CRI?

DHCF will serve as the anchor institution, with shared oversight responsibility with other HHS cluster agencies

Who is the entity that will ensure that the DC CRI and each of its entries has a core set of resource information and that this data is provided in a publicly accessible manner (ex. open data?)

Formal governance model (via proposed rulemaking) would establish a designated CRI entity for day-to-day monitoring

What level of staffing will be required to sustain the DC CRI as a community-governed health data utility?

Voted and approved at the subcommittee's June meeting to include Quality Assurance Specialist(s), Data Steward Partnerships Manager, Data Collaborative Manager

To whom is each recommendation addressed (DHCF, DMHHS, other)?

Recommendations are addressed to DHCF and other cluster agencies

Who should be the funder of the CRI?

Following the sunset of HITECH funding, the DC CRI is continued to be funded through CMS DDI funds, till the end of FY 2024. DHCF is working to continue funding beginning FY 2025 through MES O&M funding.

Is there a recommendation that will modify the DC HIE rule or another regulation?

DHCF is working on proposed rules to provide a formal governance structure that will allow for an oversight and designated process to operate and maintain the DC CRI

Proposed Rulemaking to Establish the DC CRI

- The DC CRI may benefit from having a structure similar to the DC HIE, composed of formal registered and designated entities.
- Rulemaking may:
 - Establish a core set of data and adherence to nationally recognized standards by entities.
 - Formalize partnerships with data stewards, which are measurable and sustainable.
- Potential functions of registered and designated entities:

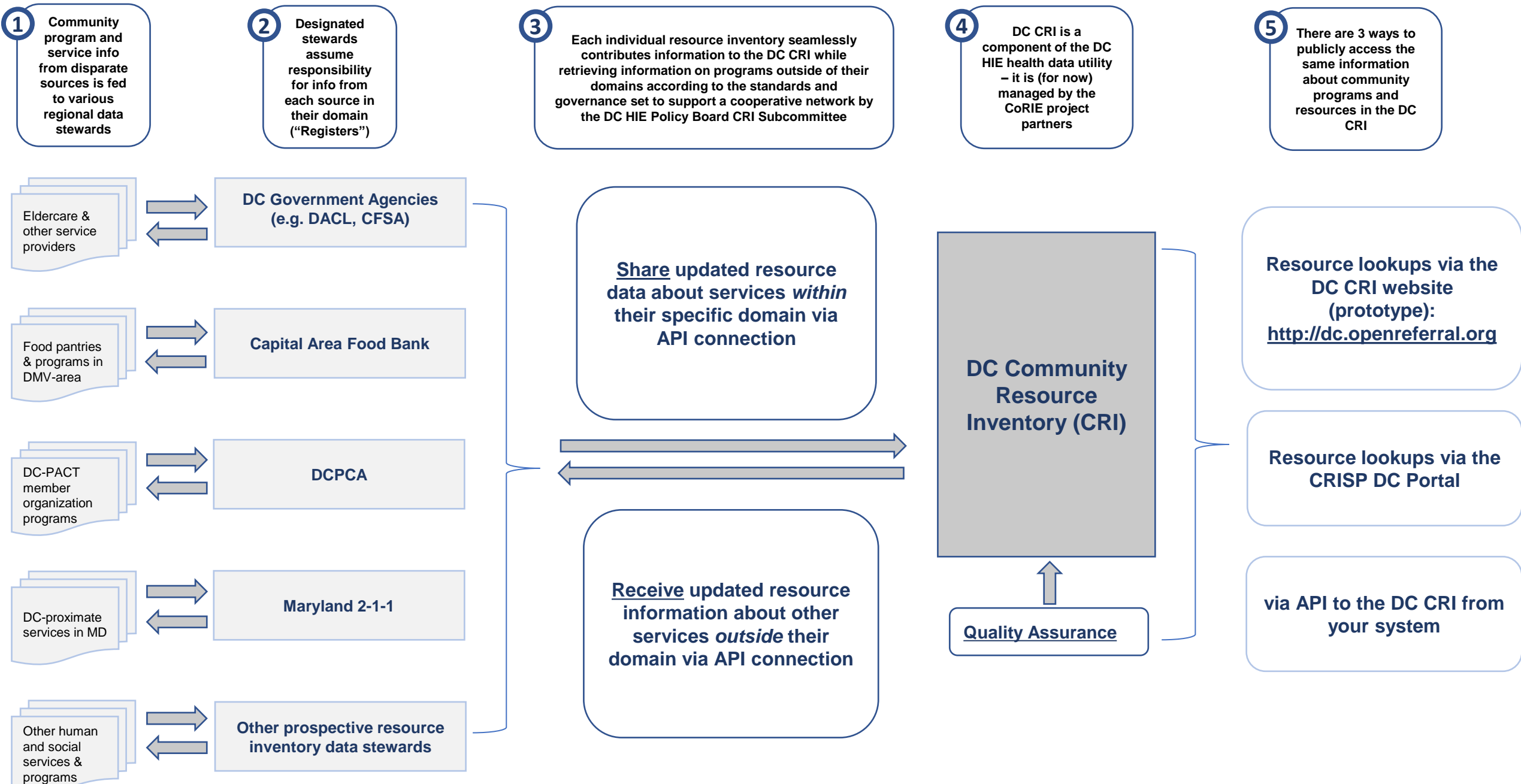
Registered CRI entities may be those that maintain an inventory of community resources

- Creates, maintains, and regularly updates community resources in a standardized format in the CRI
- Can send service registries and related information to designated entities for inclusion within the CRI

Designated CRI entities are registered entities that meet additional requirements

- Demonstrates necessary technical capacity to operate and implement CRI infrastructure and tools
- Can ensure that the DC CRI has a core set of resource information that is publicly accessible

The DC CRI requires community participation to ensure records for programs and services offered are up-to-date



CRI Subcommittee Recommendations

Recommendation 1

- The DC CRI should be composed of registered and designated CRI entities that participate in a collaborative, federated network, share data management responsibilities, and bidirectionally exchange resource data.
- Establish the DC CRI as a data utility – a regulated public private partnership with sufficient staff capacity and funding to ensure open, publicly-accessible, accurate, and up-to-date community resources and services.
- District agencies that provide, accredit, or fund community-based programs or human services should keep an up-to-date record of those programs, make it available in a standardized data format to the DC CRI, and establish policies to ensure the reliability of this information, in coordination with the HIE Policy Board.

Recommendation 2

- DC government agencies should consider requiring participation in the CRI from service providers, third party referral providers, and associated software vendors that receive public funds for care coordination.

Recommendation 3

- The DC HIE Policy Board should ensure a subcommittee, workgroup, and/or technical evaluation panel that is committed to continued research and deliberation on ongoing resource data governance challenges that may arise over time.
- Such a subcommittee or workgroup would be tasked with ensuring that the assets of the DC CRI remain reliably maintained, usefully curated, and openly accessible to all DC stakeholders, and that the rules pertaining to the management and use of the CRI continue to be set by a participation of designated representatives.



Board Action: Recommendations



The Community Resource Inventory (CRI) subcommittee proposes that the DC HIE Policy Board approve the three (3) recommendations on CRI data governance and sustainability.



Board Action: Recommendations



The CRI subcommittee proposes that the Board assign the role of executing Recommendation #3 to the CRI subcommittee. These functions include, but are not limited to, the following:

1. Ensuring DC CRI data are maintained in accordance with nationally recognized standards (with guidance from DHCF) by providing oversight of the data maintained in the DC CRI;
2. Providing feedback and informing DC CRI policies, including designation/registration; and
3. Collaborating with other HIE Policy Board subcommittees to engage HIE stakeholders to increase the use of the DC CRI for social needs referrals



Operations, Compliance, Efficiency (OCE) Subcommittee

Gayle Hurt

Allocated Time: 3:20 - 3:35 PM (15 mins.)

Operations, Compliance, and Efficiency Subcommittee (OCE) Subcommittee Update

- **Chair:** Ms. Gayle Hurt
- **Mission:** Ensure consistent operations within the DC HIE and facilitate the establishment of standards for the DC HIE entities that reflect best practices by providing recommendations to the HIE Policy Board
- **Purpose:** The purpose of the subcommittee is to advise, monitor, and improve the community standards for HIE operations in the District

Operations, Compliance, and Efficiency Subcommittee (OCE) Subcommittee Workplan

Activities	Timeframe
<p>Goal 1: Review and provide recommendation to update HIE rule, Registration and Designation Guideline</p> <ul style="list-style-type: none"> Review HIE Rule, HIE Registration, and Designation for updates to HIE registration and designation renewal. Modify Registration and Designation documents Draft recommendation to HIE Policy Board Update Registration website, application forms, etc. 	<p>April 2022 – May 2023</p>
<p>Goal 2: Review and Recommend updates to baseline operational and benchmark performance standards</p> <ul style="list-style-type: none"> Analyze baseline operational performance to ensure HIE meets documented standards Analyze best practices in HIE operational standards and compliance Draft recommendations to HIE Policy Board on HIE performance 	<p>April 2022 – July 2023</p>
<p>Goal 3: Monitor, review, and recommend updates to core minimum dataset exchange among HIEs in the District.</p> <ul style="list-style-type: none"> Review core dataset based on provider type and use cases to make recommendation on updates/changes Review data sets to ensure alignment with national standards such as USCDI Draft recommendation to HIE Policy Board 	<p>May 2022 – October 2022</p>
<p>Goal 4: Recommend operational terminology and definitions to standardize language used in the District as it relates to health information exchange, consistent with DC HIE rule.</p> <ul style="list-style-type: none"> Identify and catalogue key terminology that needs to be defined/clarified for the DC HIE/ DC HIE rule. Crosswalk with registered and designated HIEs to establish common nomenclature and align with HIE educational content. Draft recommendation to the HIE Policy Board. 	<p>May 2022 - July 2022</p>

OCE update on Transitions of Care Recommended Data Elements

Phase 1 – Elements Implemented



All elements are mostly HL7

Phase 2 – Meet with TEP to define further elements

Phase 3 – Planning for next phase

Phase 4 – Implementation of new elements



All elements require CCDA Parsing

Future Phase



Requires CCDA Parsing and Document Construction



Require Hospitals to Identify Most Relevant Notes



Elements are mostly HL7

Elements on Hold



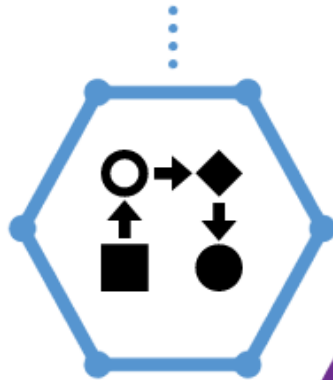
Replaced Goals Progress

OCE Update on Transitions of Care Pilot Timeline

Timeline

November - December 2021

Hold gap analysis and workflow input sessions with stakeholders



April - May 2022

Review evaluation report from pilot intervention #1 and design pilot intervention #2



August - September 2022

Evaluate pilot intervention #2 and finalize report of findings



January - March 2022

Design and complete pilot intervention #1



June - July 2022

Complete pilot intervention #2



OCE Update on Transitions of Care Information Exchange

Lessons Learned

Systems Barriers

1. The technical challenges associated with legacy EHR systems clearly put some patients (and providers) at a disadvantage for the benefits afforded by interoperability. For example, inability to direct CCD or HL7 data to CRISP without including a referring provider being listed remains a significant barrier for one of the pilot hospitals.
2. COVID-19 limited the ability for more direct interaction and dedicated time among some hospital technical teams. Personnel losses in IT departments were significant throughout the study periods in the ability to engage and address code fixes.
3. On the encouraging side, in most cases, when given context as to why the data was important for discharge follow up use, providers at the hospitals were able to see the value of sending information to CRISP. Most hospital clinical staff welcomed the concept of data sharing, but the resources to support discharge coordinators were sparse or non-existent.

OCE Update on Transitions of Care Information Exchange

Lessons Learned

Resourcing

1. In this project, the hospitals had insufficient resources to support the local education and technical aspects of the project. As COVID wore on, the challenges increased due to staff shortages. In addition, frequently it was unclear where specific authorities existed in the clinical and technical staff of the hospital to affect policy changes.
2. Advancing the inclusion of key data in discharge summaries by clinicians will take substantial education and instruction. In the future, opportunities should be sought to leverage clinical training sessions to emphasize the utility of the data in CRISP to PCPs following hospitalization.
3. Found that CRISP data was of significant importance to the OBHP staff at both institutions (McClendon Center and Community Connections). Most of the OBHP staff were eager and enthusiastic to highlight how the patient data can be used post-discharge in their settings.

OCE Update on Transitions of Care Information Exchange

Recommendations

1. More work is needed in the future to develop valid intermediate measures of data fluidity/transparency – 30-day readmissions is probably not a sensitive measure for the beneficial effects of data sharing.
2. The transition to a new EHR platform represents an opportunity to incorporate the technical standards for patient EHR data to be enabled to maximally shared with CRISP. Continued efforts to work with the CMIO and IT leaders will be advantageous to the inclusion of the proper data release standards in their new architecture in 2022.
3. Understanding the issues of staff shortages and burnout, adding additional work for staff to enable the data to flow was challenging. Creating incentives for hospitals would allow prioritization of this initiative among IT and clinical leadership.

OCE Update on Transitions of Care Information Exchange

Recommendations

4. More automation is seemingly needed to compliment newer EHR systems which favor interoperability settings in their code stack.
5. Additional time for planning and building infrastructure is necessary to allow efficiency in building a comprehensive interdepartmental quality improvement program.
6. Overall, more success might be gained if the project is linked to a quality improvement theme, as opposed to an IT/interoperability theme. Although efforts were taken to facilitate collaboration with DCHA Quality Collaborative and associated committees, the perception by some hospital staff we engaged were leaning more toward technology improvements.

OCE Update on Transitions of Care Information Exchange

Recommendations

7. Incorporate the identified priority elements and exploration of a "recommendations" element into this work going forward. In addition, identify possible solutions to exchanging information regarding substance use disorder and associated medication treatments when critical to informing next level of care needs. Continue the work underway via other avenues on exchanging and supporting social needs and social determinants of health information exchange. Finally, identify grant or other funding support options to extend this work on improving information exchange to include Long Term Care and Rehabilitation providers that incorporates MCOs as well as hospital providers.

OCE Update on DC HIE Glossary

- The HIE Glossary is intended to provide definitions for key terms that are used in the operations and maintenance of the DC HIE. Each term and its respective definition are reviewed and approved by the subcommittee.
- In line with Goal 4 of the workplan, the OCE Subcommittee has reviewed and approved seventy-nine (79) key terms and definitions for the DC HIE glossary.
- Definitions for these terms are derived from various nationally recognized sources and cited wherever appropriate. The HIE Glossary must be reviewed and updated every 12 months.

OCE Update on DC HIE Glossary

Admission, Discharge, Transfer (ADT): An event that occurs when a patient is admitted to, discharged from, or transferred from one care setting to another care setting or to the patient's home. For example, an ADT event occurs when a patient is discharged from a hospital. An ADT event also occurs when a patient arrives in a care setting such as a health clinic or hospital.

ADT Message: A type of Health Level Seven® (HL7®) message generated by healthcare systems based upon Admission, Discharge, Transfer (ADT) events and the HL7 "Electronic Data Exchange in Healthcare" standard. The HL7 ADT message type is used to send and receive patient demographic and healthcare encounter information, generated by source system(s). The ADT messages contain patient demographic, visit, insurance, and diagnosis information.

ADT Notification: An electronic notification that a given patient has undergone an Admission, Discharge, Transfer (ADT) event. An ADT Notification is not a complete ADT Message.

Claims Data: The most prevalent source for structured health data. Paid claims can help providers understand which services were rendered in a specific care setting. Claims may also reduce duplication of services. Two key types of information recorded on claims forms are (1) one or more procedure codes describing specific services the patient received, and (2) one or more diagnosis codes describing the problem that was being treated. The focus of the claims form is on the services delivered for payment, and so the diagnosis codes recorded on the claims form are not intended to be a comprehensive description of the patient's health problems and other characteristics, but to describe the reasons for delivering the service for which payment is being sought.

OCE Update on DC HIE Glossary

Clinical Data: Clinical data is information that is recorded about a patient and their care in a patient's medical chart, in an electronic health record, or a clinical data registry. Two key types of information in clinical data are the types of services that a patient receives and the types of health problems a patient has. Clinical data generally have information about more services and more health problems than are available from claims data, since they will include services that are not eligible for individual payment and therefore are not described on claims forms, and they will also include information about health problems that were not explicitly treated by the clinician and may not be recorded on a claims form.

Electronic Health Record: An electronic record of health information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff. The EHR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EHR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, and public health disease surveillance and reporting.

Health Data Utility: A standards-based and governance-led, interoperability-first strategy is key to integrating care because it makes certain that care partners are: 1) digitally connected to each other; 2) able to view the same information regarding the individuals that they collectively serve; and 3) using the same "language" regarding symptoms and therapies. This strategy enhances communication of data between public health officials, health care providers, hospitals, and other stakeholders on the health care continuum with the goal of advancing disease control, treatment efficacy, and health equity.

Multi-Factor Authentication: Multi-factor authentication is a layered approach to securing data and applications where a system requires a user to present a combination of two or more credentials to verify a user's identity for login. MFA increases security because even if one credential becomes compromised, unauthorized users will be unable to meet the second authentication requirement and will not be able to access the targeted physical space, computing device, network, or database.



Board Action: DC HIE Glossary



The Operations, Compliance, and Efficiency (OCE) subcommittee proposes that the DC HIE Policy Board approve the DC HIE Glossary for publication on the DHCF website



Stakeholder Engagement Subcommittee

Dr. Mary Awuonda

Allocated Time: 3:35 - 3:40 PM (5 mins.)

Stakeholder Engagement Subcommittee Update

- **Co-Chairs:** Drs. Yavar Moghimi and Mary Awuonda
- **Mission:** To provide recommendations to the HIE Policy Board on:
 - Strategies to promote the value of HIE through discussions and forums with identified stakeholders
 - The SMHP measurement framework and priorities
- **Purpose:** Gain and maintain stakeholder engagement for long-term operational and financial sustainability of health information exchange in the District

Stakeholder Engagement Subcommittee Workplan

Goals	Timeframe
<p>Goal #1: Identify and inform ways to improve provider engagement in the District's HIE initiatives (e.g., behavioral health providers, community-based organizations, small ambulatory care providers) and to promote the value of health information exchange and of advancing along the SMHP HIT Framework (Access, Exchange, Use, Improve) to District stakeholders.</p> <ul style="list-style-type: none"> • Develop targeted messaging promoting the value of HIE to CBOs. • Strategize on building relationships with CBOs based on existing networks and collaborations. • Develop targeted messaging promoting the value of HIE to HCBS providers. • Strategize on building relationships with HCBS providers based on existing networks and collaborations. • Collaborate with CRISP DC in supporting CRISP DC communications with stakeholders 	<p>Summer-Fall 2022</p> <p>Spring 2023 (Subject to change)</p> <p>Ongoing</p>
<p>Goal #2: Recommend feedback to DHCF on evaluation measures and the DC Digital Health Core Competencies.</p> <ul style="list-style-type: none"> • Collaborate with DHCF to provide feedback on HIE evaluation measures. • Collaborate with DHCF to provide feedback on the Digital Health Core Competencies measurement framework, confirm target measures of success and define if applicable. • Collaborate with DHCF to provide feedback on the HCBS Promoting Interoperability and HCBS Telehealth Programs. 	<p>Spring – Fall 2022</p>

Stakeholder Engagement Subcommittee Update

- The SE Subcommittee continues to work with CRISP DC partners to recruit CBOs, with the goal of onboarding these organizations to receive e-Referrals and obtain CRISP access.
 - CBOs are targeted based on several prioritization criteria, including identified need and service area. Organizations were also prioritized for outreach based on existing referral partnerships using subcommittee member feedback.
- The SE Subcommittee is working to identify provider workflows related to screening for social needs, including determining which standardized screenings are used, tracking positive screenings, and Z-code usage.
- The SE Subcommittee is working with CRISP to support their efforts in advancing providers along the continuum of exchanging and using HIE data to meaningfully impact health.
- The Digital Health Core Competencies are now in the implementation phase. The SE Subcommittee and DHCF aim to provide the HIE Policy Board with recommendations regarding the monitoring and evaluation of relevant Core Competencies moving forward.



Policy Subcommittee

Justin Palmer

Allocated Time: 3:40 - 3:45 PM (5 mins.)

Policy Subcommittee Update

- **Chair:** Mr. Justin Palmer
- **Mission:** Provide counsel and recommendations on public policy initiatives that encourage participation in and the sustainability of the DC HIE to the DC HIE Policy Board and its Subcommittees
- **Purpose:** The subcommittee guides the implementation of a leading HIE framework and facilitates the exchange of health information that supports public health and community health in the District of Columbia. The subcommittee assists the District in staying nimble and proactive with respect to its policy positions, while remaining aligned with federal, regional, and local policy issues.

Policy Subcommittee Workplan

Goal #1: <i>Ensure District government alignment and compliance with relevant provisions of the 21st Century Cures Act (i.e.,/TEFCA, Information Blocking, Patient Access) and monitor implementation of regulatory and legislative policies</i>	
Activities	Timeframe
1. Ensure educational opportunities for the DC HIE Policy Board and HIE Policy Board Subcommittees on relevant provisions of the 21 st Century Cures Act.	ongoing
2. Provide guidance and best practices related to local implementation of 21 st Century Cures Act provisions, including TEFCA, QHIN, Information Blocking, and Patient Access	Ongoing
3. Monitor local and federal regulatory activities/implementation affecting the Registered and Designated HIEs, and provide guidance in collaboration with relevant subcommittees	ongoing
Goal #2: <i>Provide support for and guidance on the policy implications for DC HIE data use in response to current HIE activities</i>	
Activities	Timeframe
1. Define policy implications of current HIE Initiatives, including CRISP Reporting Services, HIPAA authorization, SUD Consent Management, and other initiatives as they begin	ongoing
2. Provide policy guidance for DC HIE role in referral networks, including guidance on data sharing and consent across non-traditional HIE stakeholders such as CBOs and Part 2 organizations	ongoing
3. Understand the implications of HIE participation for non-HITECH-eligible provider types receiving technical assistance through the DHCF ARPA HCBS Digital TA initiative.	Q4 2022 -
4. Provide guidance to clarify the processes surrounding data access for Medicaid value-based payment initiatives.	TBD
5. Research and define secondary use policy in coordination with the OCE Subcommittee	TBD
Goal #3: <i>Ensure coordination with the OCE, Stakeholder Engagement, and CRI subcommittees to identify and address policy implications of ongoing work, and make recommendations to the full HIE Policy Board</i>	
Activities	Timeframe
1. Communicate regularly with each subcommittee on current activities, including ensuring policy subcommittee representation at regular subcommittee meetings	ongoing

Policy Subcommittee Update

- DHCF staff has reviewed the HIE final rule and identified areas that require additional policy guidance. The Policy Subcommittee has reviewed these and other gaps within the HIE final rule and will work to draft guidance.
- The Policy Subcommittee continues to monitor various regulatory and legislative actions, such as Information Blocking, the implementation of TEFCA, and patient access.
- The Policy Subcommittee continues to work with the OCE Subcommittee to research and define Secondary Use policies.
- Given the breadth of topics and actions, the Policy Subcommittee will update the cadence of its meetings from quarterly to monthly.



Behavioral Health Services and the DC HIE – Provider Engagement and Governance Processes



Allocated Time: 3:50 – 4:20 PM (35 mins.)



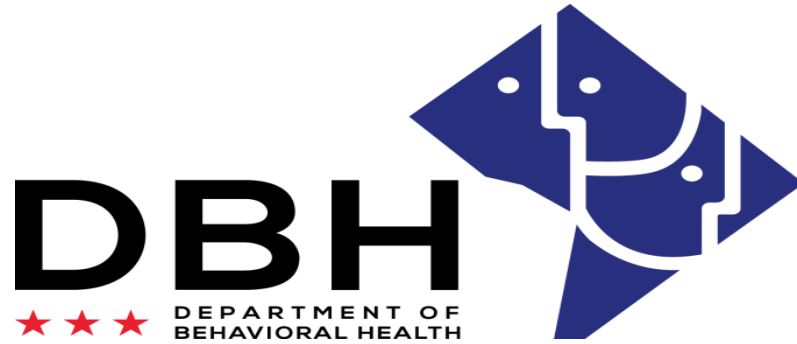
Department of Behavioral Health (DBH) HIE Policy

Mia Olsen and Melody Calkins

DBH

Allocated Time: 3:50 – 4:00 PM (10 mins.)

DC HIE Policy Board – October 2022



Mia Olsen and Melody Calkins
Policy and Strategic Management
Section

 GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

HIE Policy

- **DBH and all of its certified providers must enroll in CRISP DC to both receive and transmit data.**
 - Providers must sign a provider agreement with CRISP DC and take necessary steps to join the HIE.
- Providers must distribute **Joint Notice of Privacy Practices (NPP)** that includes notices about the HIE to consumers/clients at least annually.
 - Providers may use the updated NPP attached to the policy or create their own, if substantively similar.
 - Providers must explain to each consumer/client that participation in HIE is **voluntary. Providers may not condition receipt of services on participation in CRISP DC.**
 - Consumers receiving **mental health** services may **opt-out** of participation in the HIE.
 - Clients receiving **SUD** services may **opt-in** to participate in the HIE.
- <https://dbh.dc.gov/page/policies-rules>



HIE Procedures

- Providers must ask consumer/clients if they want to opt-in/out of the HIE at least yearly (though a consumer/client may request to opt-in/out of the HIE at any time).
- Clients may opt-in to CRISP DC at any time by completing the written opt-in form and providing it to provider.
- Consumers may opt-out of CRISP DC at any time by:
 - Completing a written opt-out form and providing it to the provider to submit to CRISP DC;
 - Calling (877) 952-7477; or
 - Completing and submitting an opt-out form to CRISP DC by mail, fax, or through the CRISP website at www.crispdc.org.



HIE Procedures cont.

- Within 24 hours of receipt of opt-out, provider shall complete CRISP Opt-Out Form, available at <https://connect.crisphealth.org/OptoutForm>.
- Providers must ensure that all staff involved with implementing this policy are trained.
- Providers must monitor compliance with HIPAA, the D.C. Mental Health Information Act and 42 C.F.R. Part 2 and report all violations in accordance with Policy 480.1B, Reporting Major Unusual Incidents (MUI).





Update on Digital Health Technical Assistance

Eduarda Koch

Project Manager

DHCF

Allocated Time: 4:00 – 4:10 PM (10 mins.)

**Overview of the
DC Home and Community Based Services (HCBS)
Digital Health Technical Assistance (TA)
Grant Program**

Health Care Reform & Innovation Administration



October 27, 2022

- Introductions
- Grant Program Overview:
 - HCBS Promoting Interoperability Program (HCBS PIP)
 - HCBS Telehealth Program
- HCBS Provider Eligibility Criteria
- Meet the HCBS Digital Health TA Team
- HCBS Digital Health TA - Service Offerings
- What to Expect Next
- Questions?

HCBS Promoting Interoperability Program TA (HCBS PIP TA): The HCBS PIP rewards HCBS providers (inclusive of behavioral health, long term support services, disability services, and housing support services) for meeting milestones to adopt and implement Certified EHR Technology (CEHRT) systems and connect to the DC Health Information Exchange (DC HIE).

The grantee will be responsible for providing tailored TA and training to HCBS providers by:

Assessing provider readiness to adopt new health IT systems;

- Assisting providers with the selection of appropriate EHR systems capable of meeting the requirements of the incentive program;
- Supporting system implementation and use;
- Supporting meaningful use of the system, including connectivity to and use with the DC HIE;
- Assisting providers with the documentation required by DHCF and DBH to receive the allowable HCBS PIP incentive payments; and,
- As needed, assisting providers with Medicaid compliance requirements to meet the Administrative Simplification provisions of HIPAA.

HCBS Promoting Interoperability Program Milestones and Incentives

MILESTONE # AND DESCRIPTION		MILESTONE INCENTIVE AMOUNT
#1 - Sign Participation Agreement (All Tracks)		\$2,000
#2 - Sign Scope of Services (All Tracks)		\$2,000
#3 - Sign Technology Purchase Agreement	Track 1: Sign new technology purchase agreement and develop implementation timeline	\$22,500
	Track 2: Sign technology upgrade purchase agreement and develop implementation timeline	\$8,000
	Track 3: Sign technology integration purchase agreement and develop implementation timeline	\$3,000
#4 - Complete Technology Go-Live	Track 1: Complete technology go-live and training	\$7,500
	Track 2: Complete technology upgrade go-live and training	\$4,000
	Track 3: N/A	\$0
#5 - Connect to CRISP & Send Encounter Data to DC HIE (All Tracks)		\$5,000
#6 - Connect to CRISP & Send Clinical Notes to DC HIE (All Tracks)		\$5,000

HCBS Telehealth TA Program: The goal of the HCBS Telehealth TA program is to leverage the District’s progressive Medicaid telehealth reimbursement policy as well as telehealth investments made during the pandemic to ensure telehealth services are provided at the standard of care by as many District Medicaid HCBS providers as possible.

Tailored technical assistance and training will be provided to:

- Facilitate the adoption and effective use of telehealth technologies as integral care delivery and patient engagement tools;
- Continue the use of DHCF funded laptops for purposes of conducting visits via telehealth, implementing new/modifying existing telehealth workflows;
- Encourage patient education and patient portal usage as required to access telehealth modules/tools;
- Support the optimization of provider workflows and system configuration to enable billing and reimbursement for telehealth services; and,
- Deploy interns into participating provider organizations to augment and assist existing staff, etc.

- A non-profit or for-profit entity or governmental entity
- A Medicaid provider organization that has adjudicated claims within FY21-FY22 from Department of Health Care Finance (DHCF) to provide services either through contract or fee-for-service
- Licensed, as applicable, by an affiliated government agency:
 - Department of Behavioral Health (DBH):
 - Mental Health Rehabilitation Services (MHRS);
 - Adult Substance Abuse Rehabilitation Services (ASARS); and
 - Other Rehabilitation Services providers certified to provide services to the extent permitted by and in accordance with District law and regulations
 - Department of Health Care Finance (DHCF):
 - Home Health Agencies (HHA);
 - Assisted Living Facilities (ALF); and
 - Certified Medical Assistants (CMA) providers licensed to diagnose and treat health care conditions to the extent permitted by and in accordance with District law and regulations.
 - Home and community-based service providers enrolled by DHCF to deliver 1915(c) or 1915(i) services or supports, which includes Adult Day Health Programs (ADHP)
 - Department of Disability Services (DDS):
 - Home and community-based service providers delivering 1915(c) services or supports, which includes services authorized under the People with Intellectual and Developmental Disabilities HCBS Waiver Program (IDD Waiver) and the Individual and Family Supports HCBS Waiver Program (IFS Waiver)
 - Department of Human Services (DHS):
 - Home and community-based service providers enrolled by DHCF to deliver 1915(i) services or supports, which includes Housing Support Services

Meet the HCBS Digital Health TA Team



eHealthDC is a program operated by DCPCA that provides free technical assistance for DC providers to adopt digital health technologies and achieve HIE Connectivity in the District.

Led by DCPCA, the eHealthDC project partners for this grant are:
Clinovations Government + Health,
Zane Networks,
CRISP DC, and Enlightened.



Project Lead



*PIP TA Lead for DDS, LTC,
LTSS & HSS providers*



*PIP TA Lead for BH
providers*



*PIP TA Lead for HIE
Integration*



*TA Lead for Telehealth
Services*

Program Management Services

- Identify eligible providers and conduct needs assessments
- Perform provider outreach and enrollment services
- Conduct practice readiness assessments of eligible and targeted HCBS providers
- Document and report provider/program participation status

Promoting Interoperability Program (PIP)

- Identify, select, implement, and/ or optimize CEHRT/ HIT systems
- Provide customized, practice-specific TA services based on PIP track
- Provide initial and ongoing user education services
- Assist with Administrative Simplification provisions of HIPAA
- Onboard and connect to the DC HIE

Telehealth Program

- Manage distribution of telehealth equipment and tools if applicable
- Provide customized, practice-specific services for telehealth guidance, tools, and workflows
- Provide telehealth adoption and implementation services
- Provide initial and ongoing user education services

Key Accomplishments To Date

- Met with DC regulatory agency representatives, including DBH, DHS HSS, DHCF LTCA, and DDS, to provide program overview presentations and learn about the unique needs of their related provider cohorts.
- Conducted introductory program presentations to the following provider stakeholder groups: DC HIE Stakeholders Committee, the Behavioral Health Association, DBH MHRS and SUD Clinical Directors, the SUD Coalition, the DBH System and Benefit Design BHPC Subcommittee, and the DBH MHRS/ASARS Leadership Meeting. Convene biweekly meetings with DBH Provider Relations to share provider outreach status information.
- Finalized the scope and framework for the PI and Telehealth TA Programs, including service offerings, program participation and documentation requirements, incentive program structure and milestones and associated payment amounts.
- Designed tailored TA Program outreach approaches and workflow processes for each targeted provider group.
- Drafted and/or finalized program foundational documents, including the provider outreach letter, program one-pager, Participation Agreement, Practice Assessment, initial screening questions, and Scope of Services Agreement.
- Began the design and development of the PI/Telehealth program CRM infrastructure; established outreach trackers for each targeted provider group
- Initiated the redesign of the eHealthDC website to support HCBDC Digital Health PI/Telehealth program objectives.
- Conducted TA outreach to 50 MHRS practices and 20 ASARS practices:
 - Facilitated 38 TA kick-off calls with 38 MHRS provider organizations
 - Scheduled TA kick-off calls with 9 ASARS providers
- Participated in introductory calls with 2 HSS provider organizations.

Next Steps

- Conduct strategic outreach to schedule TA kickoff calls for the remaining targeted provider groups (i.e., HSS, DDS, ALF and HHA providers)
- Upon completion of initial practice TA kickoff calls:
 - Execute program participation agreements
 - Conduct practice assessments to identify appropriate the TA service ‘track’ and prioritization of services
 - Create a practice-specific Scope of Services document and tailored practice work plan based on TA assessment results
 - Begin delivery of TA services
- Continue to collaborate with regulatory agencies as needed to refine provider outreach approaches and TA delivery requirements
- Establish the HCBS Stakeholder Advisory Committee and conduct the initial Kickoff Meeting with identified partners, stakeholders and regulatory agency representatives in November 2022
- Continue research on the digital health technologies currently in use at HCBS practices; collaborate with CEHRT vendors to identify technology products that meet program requirements and define group purchasing options as appropriate
- Complete testing and implementation of the CRM infrastructure
- Complete the build out www.e-healthdc.org website

Department of Health Care Finance

Eduarda Koch

Health IT Project Manager

Eduarda.Koch@dc.gov

DC Primary Care Association

Donna Ramos-Johnson

Program Director

dramosjohnson@dc pca.org

Raakhee Sharma

Program Manager

rsharma@dc pca.org



DC HIE Agreements for Behavioral Health Providers

Corrine Jimenez

Project Manager

CRISP DC

Allocated Time: 4:10 – 4:20 PM (10 mins.)

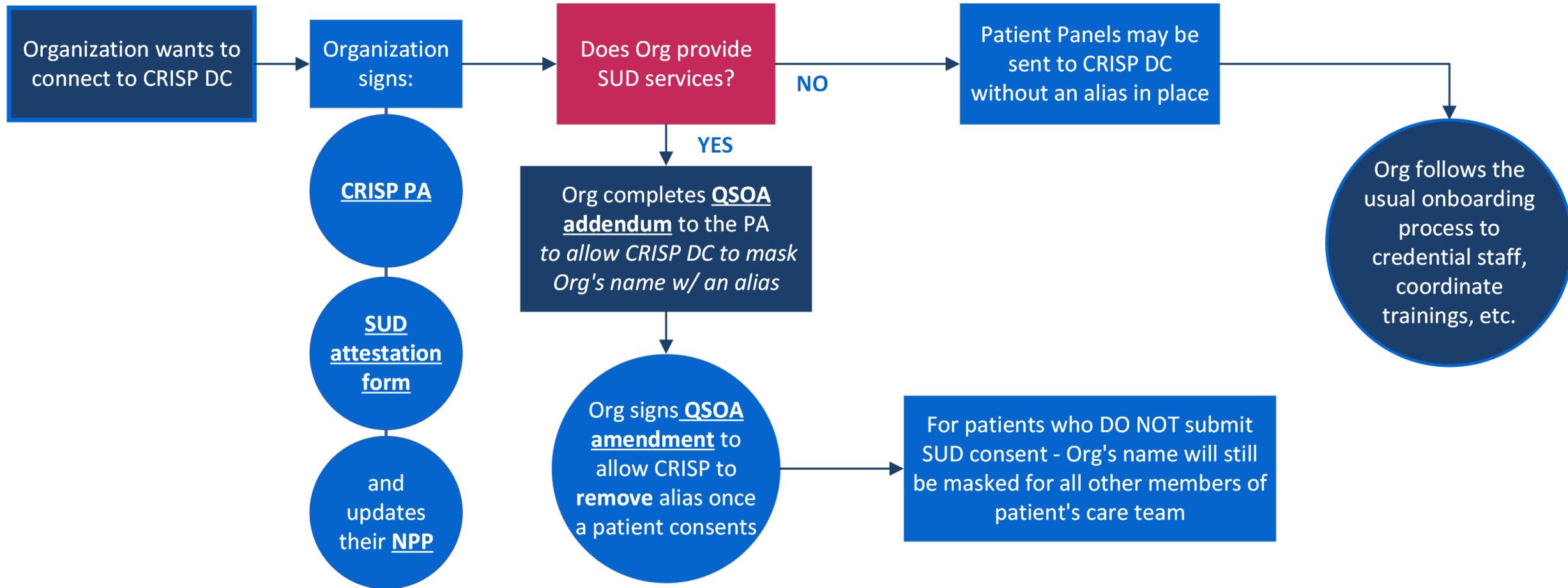


Relevant Documentation

<p>CRISP Participation Agreement (PA)</p> <p>Enables organization's connection to CRISP</p> <p>The first step in getting users access to the HIE</p> <p>Required for ALL CRISP participants</p>	<p>SUD Attestation Form</p> <p>Allows organization to self-designate as providing ANY SUD services</p> <p>Based on response, organization completes additional forms</p> <p>Required for ALL CRISP participants</p>	<p>Notice of Privacy Practices (NPP)</p> <p>Informs patients that their provider is now participating with CRISP</p> <p>Includes CRISP opt-out instructions</p> <p>ALL CRISP participants are encouraged to update their NPP</p>	<p>Qualified Services Organization Agreement (QSOA) Addendum</p> <p><i>(Addendum to CRISP PA)</i></p> <p>Enables CRISP to mask organization's real name with an alias</p> <p>Only completed based on organization's <u>SUD Attestation Form</u> response</p>	<p>QSOA Amendment</p> <p><i>(Amends QSOA Addendum)</i></p> <p>Allows CRISP to remove alias ONLY when a patient has consented to share their SUD data</p> <p>For patients who do NOT consent, the organization will remain masked</p>
--	--	---	--	---



SUD Site Onboarding Process





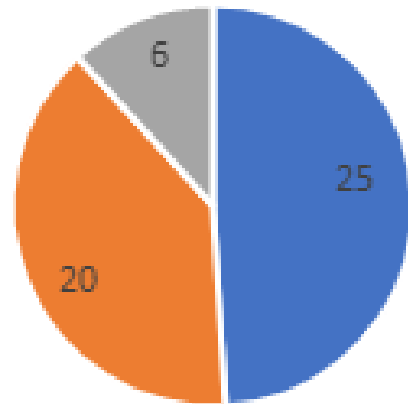
Behavioral Health Sites CRISP DC Has Engaged

- PIDARC*
- CityCare Health Services
- Clean & Sober Streets*
- Community Connections
- District Healthcare Services
- Family and Medical Counseling Services
- Family Preservation Services of Washington
- Federal City Recovery Services*
- **Goshen Health Care and Management Services****
- Hillcrest Children and Family Center
- **Inner City Family Services****
- Kolmac Clinic
- Kahak Health Care Services
- La Clinica Del Pueblo
- **Latin American Youth Center****
- Life Care, Inc.*
- Life Stride Inc.
- Mary's Center
- MBI Health Services*
- Pathways to Housing
- Psychiatric Center Chartered
- So Others Might Eat (SOME)
- United Planning Organization*
- Volunteers of America
- Whitman Walker Clinic
- Prestige Healthcare Resources
- Regional Addiction Prevention (RAP)
- **Psychiatric Institute of Washington (PIW)****
- Safe Haven Outreach Ministries
- Salvation Army Harbor Lights
- Samaritan Inns Residential Treatment
- **Community Action Group****
- **Medical Home Development Group****
- Department of Corrections*
- Elaine Ellis Center of Health DC
- DC MDRO Disease Investigations - DOH
- Winni Moss Clinic - DOH



HIE Agreement Statuses

BH SUD Documents Recieved



- SUD Attestation Received
- QSOA Addendum Received
- QSOA Amendment Received

Part 2 Sites Going Unmasked Upon Patient Consent:

1. Goshen Health Care and Management Services
2. Latin American Youth Center
3. Inner City Family Services
4. Psychiatric Institute of Washington
5. Community Action Group
6. Medical Home Development Group



DC HIE – 2022 Review and Looking Ahead to 2023



Allocated Time: 4:20 - 4:45 PM (25 mins.)

DHCF Digital Health Team



Deniz Soyer

Acting Division Director

deniz.soyer@dc.gov



Eduarda Koch

Project Manager

eduarda.koch@dc.gov



Maava Khan

Program Analyst

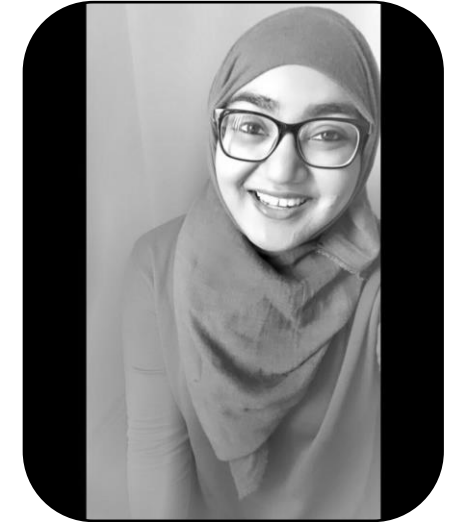
maava.khan@dc.gov



Nathaniel Curry

Project Analyst

nathaniel.curry@dc.gov



Asfiya Mariam

Policy Analyst

asfiya.mariam@dc.gov



Registered HIE Entity Renewals

Maava Khan

Program Analyst

DHCF

Allocated Time: 4:20 – 4:25 PM (5 mins.)

The DC HIE Rule (*Chapter 87 District of Columbia Health Information Exchange of Title 29 (Public Welfare) of the District of Columbia Municipal Regulations*) formalizes partnerships to facilitate more cooperation between DHCF and HIE entities.

District Registered HIE Entities



- Is a HIE entity that **meets or exceeds privacy, security, and access requirements** for health information exchange.
- Receives **key opportunities** to engage in discussions with other DC HIE entities.
- The District Registered HIE Entity status is awarded for a term of **three (3) years**.

CRISP Reg. Term: November 27, 2019-November 28, 2022

DCPCA CPC-HIE Reg. Term: February 24, 2020- February 24, 2023



District Designated HIE Entity



- Is a District Registered HIE Entity that **meets or exceeds the consumer education and auditing requirements** in the DC HIE Rule.
- Is a key partner to DHCF, the District Designated HIE Entity **supports the ongoing maintenance and operation of the DC HIE infrastructure or services**.
- The District Designated HIE Entity status is awarded for a term of **five (5) years**.

Designation Term: April 13, 2020- April 14, 2025

DHCF implemented a renewal process for registered HIE entities – CRISP’s renewal currently in review

	Process	Description	Timeframe	
1	Pre-application Preparation	DHCF prepares application materials and identifies members for the HIE Registration Review Panel.	June – August 2022	
2	Application Launch	HIE registration renewal application materials posted on the DHCF website.	August 2022	
3	Application Review Period	DHCF performs initial review for application completeness DHCF works with established the HIE Registration Review Panel (HRRP) and internal teams to perform a technical review of application.	September – October 2022	<i>Ongoing</i>
4	Post Approval or Declination of District’s Registered HIE Status	Results of application review provided to applicants DHCF website updated with District Registered HIE Entity information.	November 2022	
5	Administrative Review of Denied Application (if needed)	HIE Entity may request administrative review and reconsideration as set forth in section 8713 of the DC HIE Rule.	TBD	



DCPCA will be eligible for renewal soon!

- DCPCA will be up for renewal as a Registered HIE Entity in February 2023. DHCF will conduct another Registration Renewal process in Early 2023 if DCPCA chooses to reapply.
- For any questions on how to apply for renewal, please visit: [DC HIE Registration Application | dhcf](#)
- More information will be provided to DCPCA closer to 2023.





District Designated HIE Entity Updates

Stephanie Brown

Executive Director

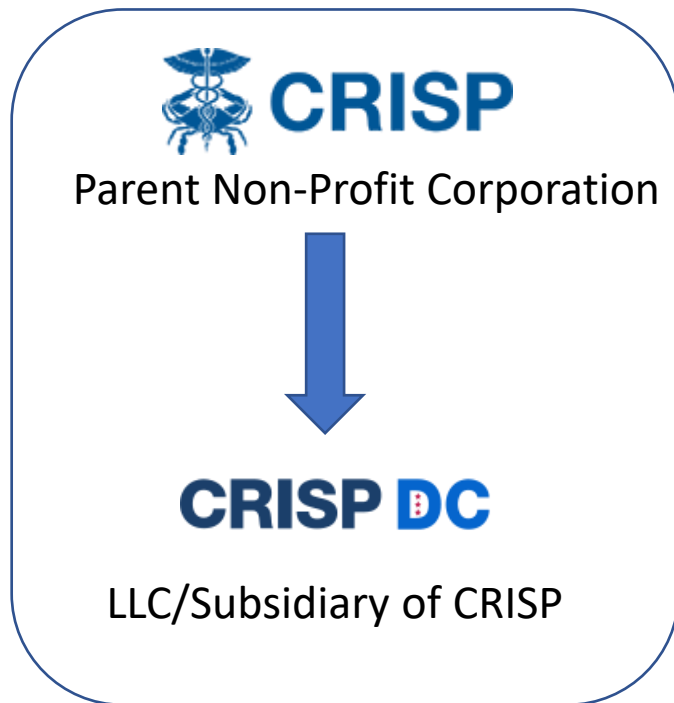
CRISP DC

Allocated Time: 4:25 – 4:35 PM (10 mins.)

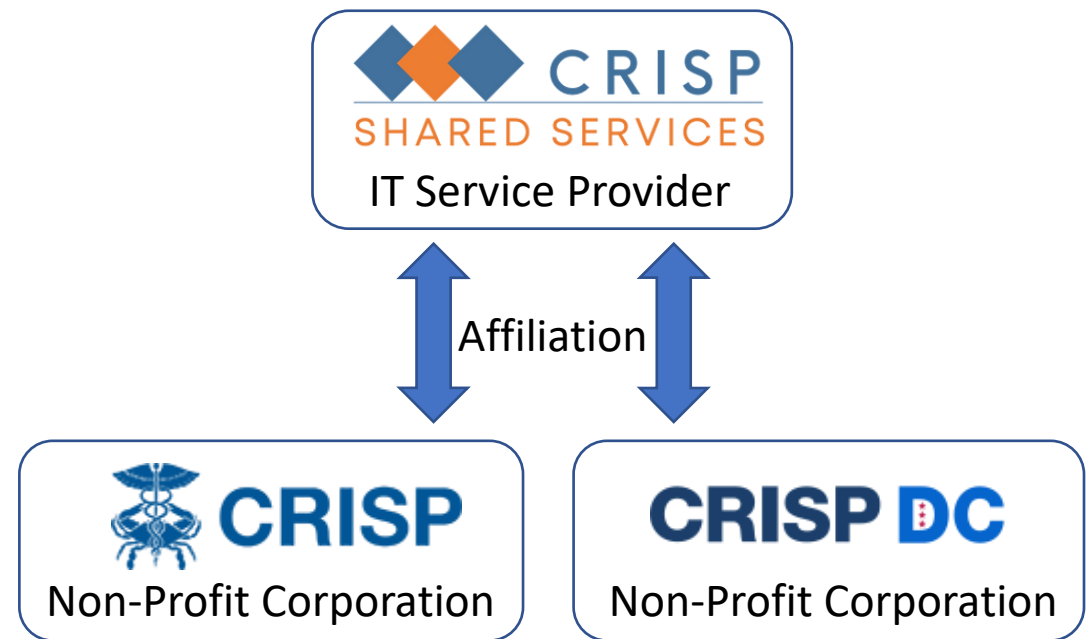
CRISP DC – LLC to a Standalone Corporation



Past Structure



Current Structure

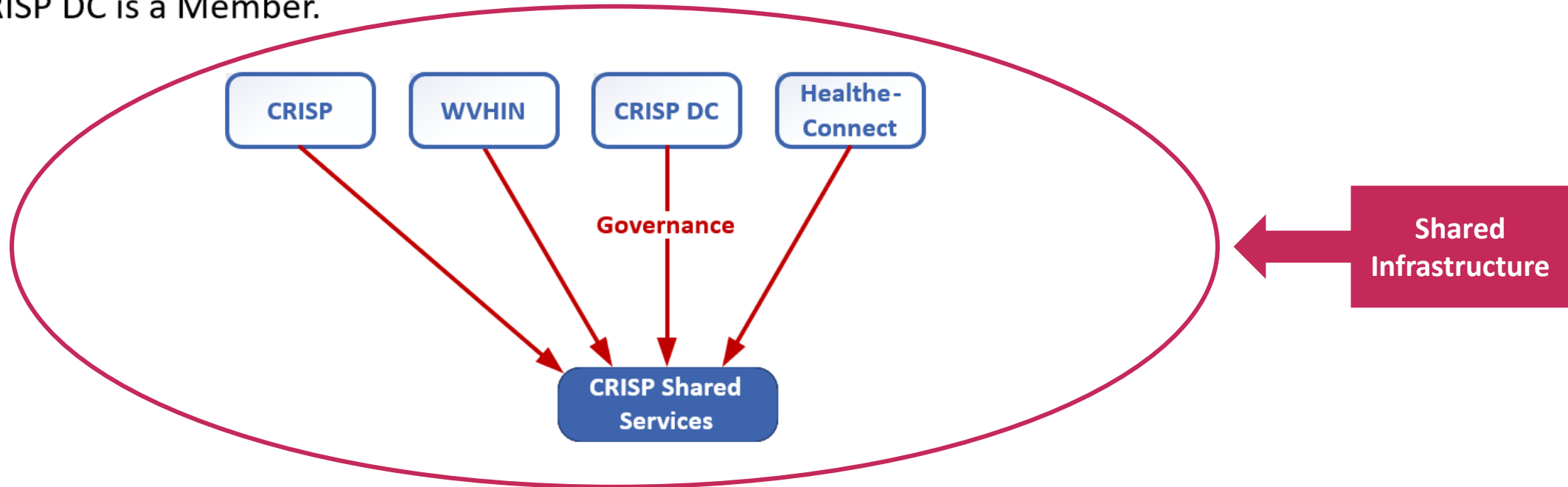




CRISP Shared Services

The mission of CRISP's shared services is to: ***Assist member organizations in achieving economies of scale, pooling innovation efforts, and implementing best practices.***

CRISP DC is a Member.



CRISP Shared Services is a non-profit support organization, with each HIE participating in the governance.



Affiliation Principles

1. **Preserve the independence of the HIEs in each jurisdiction**, such that all regions can prioritize and fund their own initiatives, leveraging the shared infrastructure.
2. **Improve HIE technologies** available to serve all patients, providers, public health officials, and other stakeholders.
3. Take advantage of the favorable economics of sharing HIE infrastructure technologies, to **reduce costs for all regions**

CRISP DC Board of Directors



Member	Organization
Brendan Furlong, M.D (Chair)	MedStar Georgetown University Hospital
Don Blanchon	Wasque Advisors; Formerly Whitman Walker
Karen Dale	AmeriHealth Caritas DC
Jacqueline Bowens	D.C. Hospital Association
LaQuandra Nesbitt, M.D.	Independent; Formerly DC Health
Hasan Zia, M.D.	Sibley Memorial Hospital
Bruno Petinaux, M.D.	George Washington University Hospital
Patricia Grubb	MedStar Health System
Tollie Elliott, M.D.	Mary's Center
Stephanie Brown (ex-officio)	CRISP DC
Craig Behm (ex-officio)	CRISP / CRISP Shared Services

New CRISP MD & CRISP Shared Services CEO



Craig Behm
Chief Executive Officer



As President and CEO, Craig is the lead executive responsible for developing and executing the strategic plan as well as ensuring strong financial controls and high-quality services. He focus is on driving interoperability and innovation by expanding Health Data Utilities through CRISP and member Health Information Exchanges across the country. He manages the senior team with an emphasis on fostering collaboration while advocating for the mission, vision, and values of both CRISP and CRISP Shared Services. Craig is also an instructor at the University of Maryland Baltimore County Master's program in Health Information Technology. Prior to supporting health IT efforts, Craig led the start-up and operations of three physician-led, Advance Payment Medicare Shared Savings Program Accountable Care Organizations. He has a Master of Business Administration from Loyola University.

CRISP DC Clinical Committee

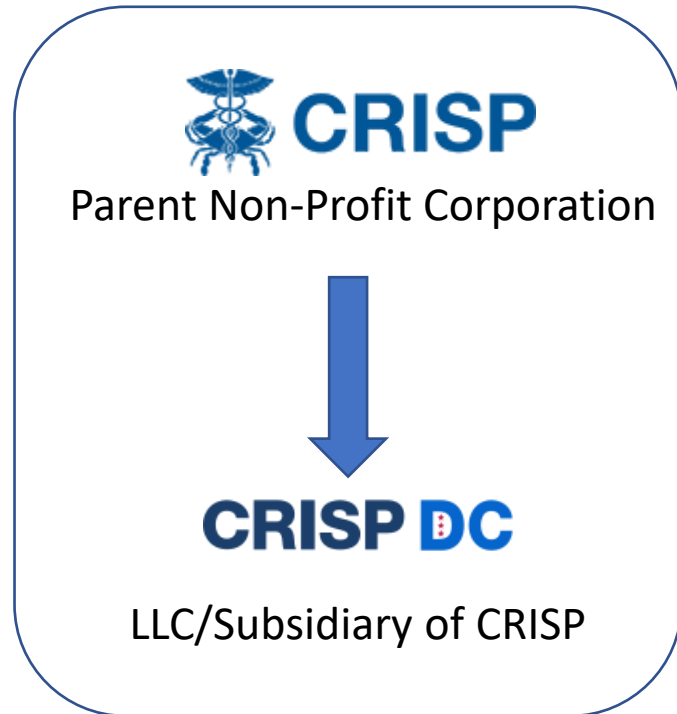


Nominee	Organization
Andrew Robie, M.D. (Chair)	Unity HealthCare
Yavar Moghimi, M.D.	AmeriHealth Caritas DC
Brian Choi, M.D.	GWU Medical Faculty Associates
Ira Rabin, M.D.	MedStar Health
Loretta Rodts	Community Connections
VACANT	DC Department of Healthcare Finance
VACANT	Pediatrician (CNMC?)
VACANT	Long Term Care

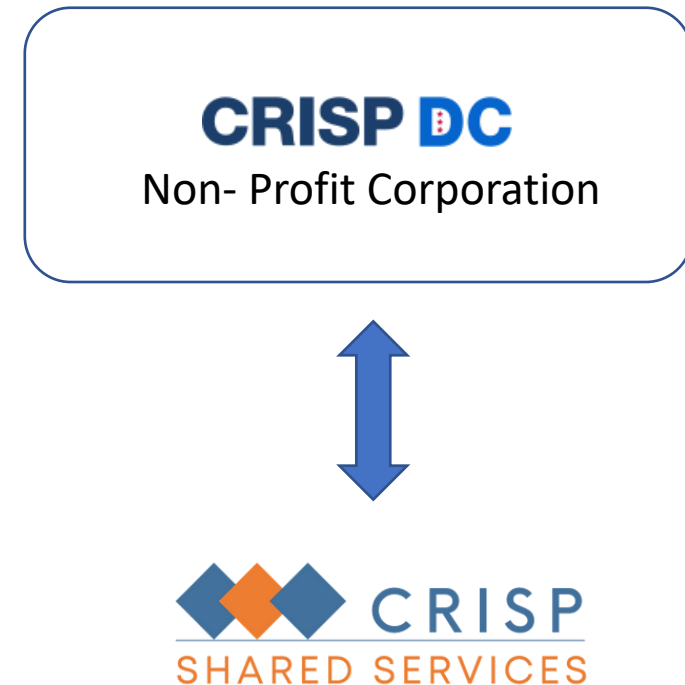
Transition of Designation in Alignment with the MOA



Current DC HIE Designation: CRISP



Future DC HIE Designation: CRISP DC





DC HIE FY22 Year-End Review and Looking Ahead to 2023

Deniz Soyer

Acting Division Director

DHCF

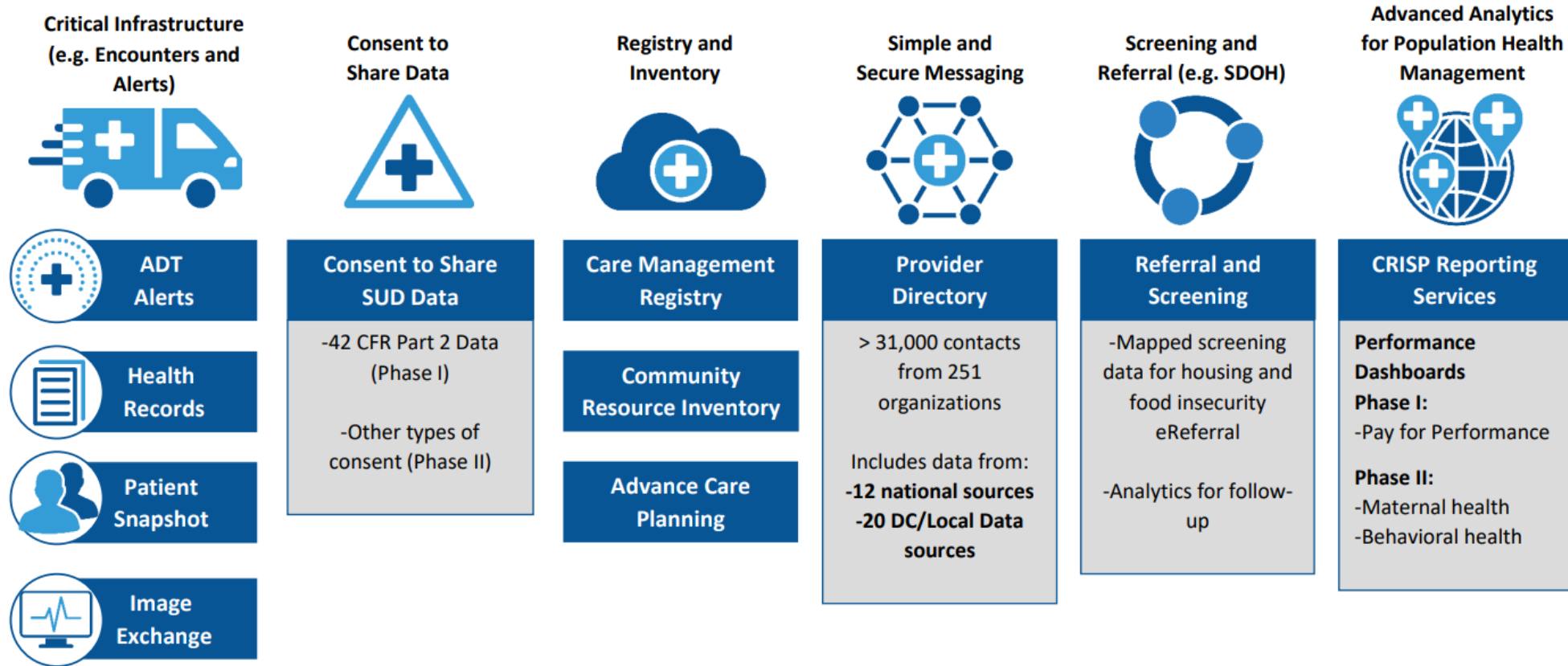
Stephanie Brown

Executive Director

CRISP DC

Allocated Time: 4:35 – 4:45 PM (10 mins.)

DC HIE is a Health Data Utility consisting of six (6) reliable core capabilities



FY22 – first post-HITECH year for HIE infrastructure and projects



As HITECH funds sunsetted in September 2021, the District successfully transitioned to Medicaid Enterprise Systems (MES) funding for the continuation of their health information technology/exchange projects.

Design, Development, Implementation (DDI)

90/10 Match Funds

Advanced Directives

eConsent

Population Health Management Analytics

SDOH Screening and Referral

Community Resource Inventory

Operations and Maintenance (O&M)

of Certified Technology

70/30 Match Funds

Critical Infrastructure

Encounter Notification Services

Provider Directory

Image Exchange



eConsent Management – FY22 Accomplishments

- ***eConsent tool launched*** on July 1, 2022 to all providers to support the exchange data protected by 42 CFR Part 2 via the DC HIE
- ***Education and technical assistance to support use of tool*** through webinars, office hours and training sessions
 - CRISP hosted webinars and office hours to train providers on features and use of consent tool
 - HMA hosted webinars and additional training sessions in August 2022
- ***Targeted outreach to SUD providers and broader HIE onboarding activities*** to ensure agreements and other documentation in place

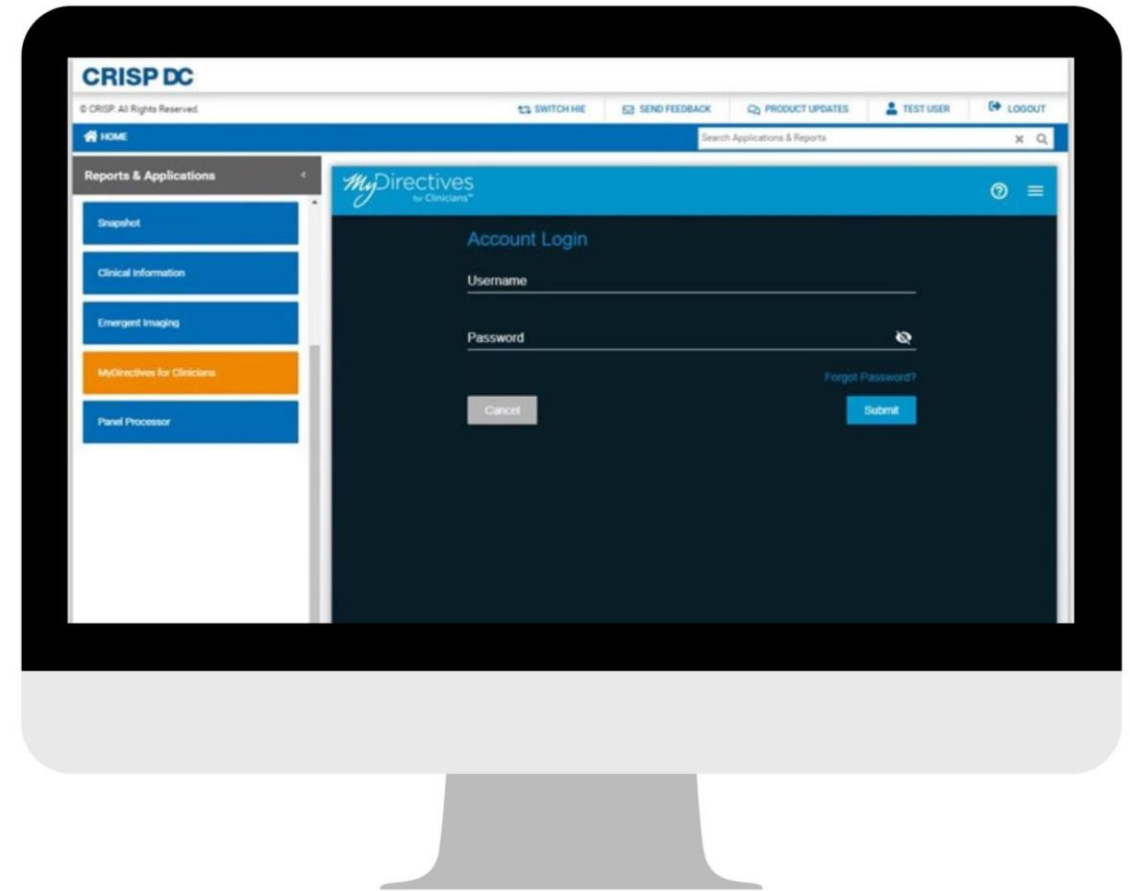
The screenshot displays the CRISP DC eConsent tool interface. The top navigation bar includes 'CRISP DC', 'Consent', and 'Consent History'. The main content area is divided into three sections:

- Identity Validation and Education Attestation**:
 - Provider Patient Identity Verification**: A checkbox labeled 'I hereby attest that I have validated the patient's identity and obtained consent from this patient in accordance with the terms stated above.'
 - Provider Patient Education Attestation**: A checkbox labeled 'I hereby attest that I have informed the patient named in this consent to the terms of this consent and answered all questions to the best of my ability.'
- Signature and Submission**:
 - A checkbox labeled 'Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.'
 - Patient Signature**: A text area for the patient's signature, with a note: 'By signing below, I acknowledge that I have the legal authority to consent to share the named individual's Substance Use Disorder treatment information. I acknowledge that I have read this consent for treatment information may be shared with CRISP who may then share it with members of my health care team who participate with CRISP.' Below the text area is a dashed line and the instruction 'Please, sign above *'. A close button (X) is visible in the top right corner of the signature area.
 - An 'OR' separator is located below the signature area.
- Attestation for Consent on File**: A checkbox labeled 'I hereby attest that I have obtained WRITTEN and SIGNED consent from this patient and will retain my records. I will make this consent available to CRISP Privacy and Security upon request.'



Advance Care Planning – *FY22 Accomplishments*

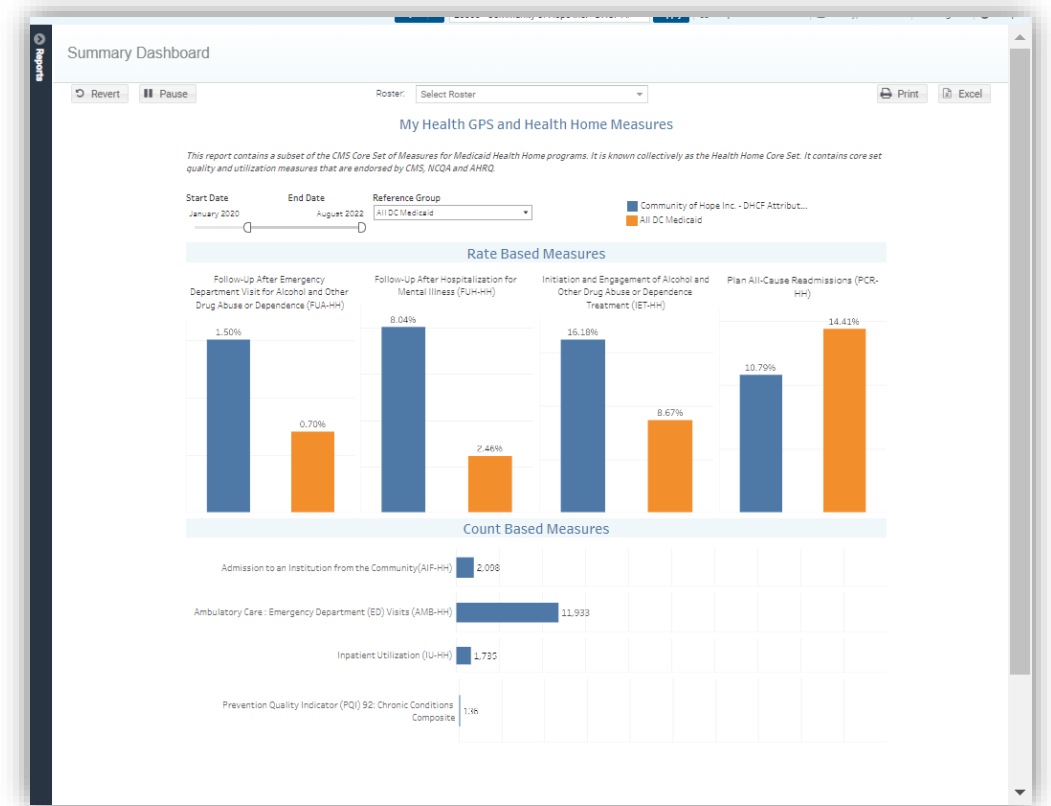
- CRISP DC, in partnership with ADVault, implemented cloud-based advance directives platform, MyDirectives, in the DC HIE
- ***Enabled digital versions of the DC eMOST, POLST, Universal Advance Directive, and Psychiatric Advance Directives*** to be created and accessible to care team members via HIE
- ***Initiated ADVault's platform integration with DC HIE***, enabling access and use advance care planning capability directly without a separate log-in
- ***Web-based access to MyDirectives enabled***, allowing patients to create their own eMOST, POLST, Psychiatric Advance Directives, etc.





Population Health Analytics – FY22 Accomplishments

- **Partnered with CRISP DC and hMetrix CRISP DC Reporting Services (DC CRS)** with basic analytic functions:
 - Cost and utilization based on claims data
 - Ability to view summary counts and drill-throughs
 - Stratify by multiple timeframes and coverage type
 - Quality measure tracking
- **Population navigator feature deployed** enabling users to define and/or compare populations
 - Stratify any report by chronic disease, program, enrollment, other groupings
- **Developed and implemented over 10 reports and dashboards in DC CRS** to support care management
 - **Population summary reports** – Panel demographics
 - **Utilization and quality reports** – Acute care setting, follow-up post-acute care, plan all-cause readmission, non-emergent ED visits, prevent quality indicators (PQIs), maternal and perinatal health core set, and health home core set
 - **Prescription Drug reports** – Top 200 drugs, medication synchronization opportunity summary
 - **Skilled Nursing Facility report**
 - **Payment reports** – Cost by service type, Per member per month
- **Subset of DC HIE users credentialed to access**, including FQHC, My Health GPS, Connected Care Network, some District agency users, MCOs (coming soon)



SDOH Screening, Referral, and Community Resource Inventory, CoRIE Initiative – *FY22 Accomplishments*



- Enhanced exchange and display of SDOH ICD-10 z-codes across care team**
 - Expanded pilot beyond FQHCs to include District hospitals in partnership with DCHA.
 - Extracted and displayed from ADTs and CCDs in Social Needs Tab at point of care
 - 18,000 from ADTs; 6,000 from CCDs
- Broadened engagement of CBOs in the CoRIE Initiative**
 - Kicked off multi-tiered, data-driven outreach strategy to engage CBOs
 - Implemented HIE onboarding process for CBOs
 - Enabled **CBO-to-CBO Referrals** and **CBO-direct entry of screening/assessments**
- Completed technical integration between FindHelp and CRISP DC**
 - In partnership with MedStar Health to make screening and referral data available within the DC HIE
- Commenced participation in national initiatives**
 - Gravity Pilot Affinity Workgroup** participation to support SDOH testing and implementation efforts
 - HHS-sponsored HL7 FHIR Implementation** efforts to standardize electronic referrals
- Community Resource Inventory (CRI) enabled in the CRISP DC Environment**
 - Regional organizations and service look ups can be conducted in the DC HIE
 - Integrated DC CRI and CRISP Referral Tool

Gilbert Grape
Female | Jan 1, 1984

ASSESSMENTS		CONDITIONS	REFERRALS
Assessments			
Date	Source		Class
2021-10-13	CRISP_ULI*		AHC
2021-06-23	CLVRT_IM		MONS
2021-06-22	CLVRT_IM		MEDS
2021-06-21	MEDSTAR_HHC		MEDS
2021-06-21	CLVRT_IM		MONS
2021-06-17	CLVRT_IM		MONS
2021-06-16	CLVRT_IM		MONS

Screening

Community Resource Exchange

are right for you.

Search for services

Search Location

Browse by Category

- Care
- Emergency
- Goods
- Legal
- Work
- Education
- Food
- Housing

Community Resource Inventory

CRISP Program Referral

extremely limited supply, referrals for monoclonal antibody treatment have been paused to allow for treatment of patients in skilled nursing facilities. Please consider an alternative therapeutic for high-risk patients such as Paxi...

Information

First Name: [Input] Middle Name: [Input] Last Name: [Input]

DOB (Format MM/DD/YYYY): 984 Primary Language: [Dropdown] Gender: [Input]

Phone 1: [Input] Phone Number: 678-595-4587 Type: [Input]

Phone 2: [Input] Alternate Phone Number: 999-999-9999 Type: [Input]

State: WV Zip: 26000 Email: [Input]

Referral

DHCF and its partners have begun operationalizing recommendations outlined in 2022 SMHP Update



Published on
March 31, 2022

CMS Approval
received on April
25, 2022

Accessible through
[DHCF website](#)



1. **Develop and Publish a Bi-Annual Evaluation** and Strategic Plan, including Metrics to Effectively Assess Digital Health Impact
2. **Broaden and Diversify Investments in the DC HIE** through Interagency Collaboration to Address Technology Gaps, Build District-wide Digital Health Capacity, and Support the Long-Term Sustainability of the DC HIE
3. **Invest in District-wide Population Health Analytics**, including Access to Priority Data
4. **Engage Community-Based Organizations and Facilitate Partnerships with Clinical Providers** to Expand Access and Use of Social Needs Information in the DC HIE
5. **Enhance the DC HIE Consumer Experience**, for both Providers and Patients
6. **Improve Education and Communication to Increase Awareness of the DC HIE**
7. **Develop and Promote Payment Models and Provider Incentives** to Drive Adoption and Use of the DC HIE

Digital Health team mapped each major DH Division function to SMHP recommendations



**Infrastructure &
Connectivity**



**Outreach &
Technical Assistance**



**Policy &
Governance**

- Identify how **each function supports the operationalization** of the recommendation
- Identify **tasks** within each function that we need to **focus more closely in short-term**
- Ensure we have the **right projects, forums, funding in place**
- Ensure **digital health team works collaboratively across each function**

Enhance transparent reporting to support accountability and monitor dependence of care delivery on technology



Recommendation #1

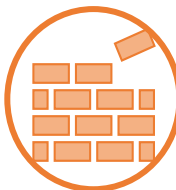
Develop and Publish a Bi-Annual Evaluation and Strategic Plan

including Metrics to Effectively Assess Digital Health Impact

FY22

- ✓ HIE O&M and DDI component performance measures
- ✓ Digital Health provider milestones and TA performance measures
- ✓ HIE metrics available on DHCF's website

FY23 tasks



- Use existing measures to inform connectivity and improvements to infrastructure



- Engage stakeholders and experts to help develop measures to monitor health IT impact on care delivery improvement



- Align strategic plan updates with HIE designation/ registration renewals
- Enhance existing public DC HIE dashboard with key access, exchange, use measures

Improve interagency collaboration through partnership on digital health projects, policy and governance



Recommendation #2

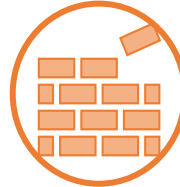
Broaden and Deepen Investments in the DC HIE through Interagency Collaboration

to Address Technology Gaps, Build District-wide Digital Health Capacity, and Support the Long-Term Sustainability of the DC HIE

FY22

- ✓ ARPA Digital Health kicked off
 - w/ DBH, DDS, DHS
 - support access through CERHTs
 - promote interoperability among HCBS providers
- ✓ Implemented DC HIE enhancements (e.g., pop health analytics, SDOH referrals)

FY23 tasks



- Stronger collaboration with HHS agencies in the ideation, triaging, and prioritization of HIE use cases for development and implementation



- Implement ARPA Digital Health TA and support certain providers to develop their internal HIT infrastructure and facilitate HIE



- Strengthen governance and accountability of DC HIE Policy Board and its subcommittees
- Identify new ways to diversity funding streams across the HHS cluster to sustain HIE

Continue development of population health analytics in HIE and improve access to priority data



Recommendation #3

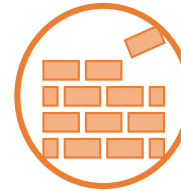
Invest in District-wide Population Health Analytics

including access to priority data

FY22

- ✓ Population navigator feature deployed enabling users to define and/or compare populations
- ✓ Stratify any report by chronic disease, program, enrollment, other groupings
- ✓ Developed basic analytic functions and implemented over 10 reports and dashboards in DC CRS to support care management

FY23 tasks



- Enhance existing reports (Maternal health, pharmacy/medication adherence)
- New reports (pediatric health, SDOH)
- New features: race/ethnicity field and report filter
- Partnership with NASTAD



- Engage existing users to inform improvements
- Onboard and support new users in hospitals and MCO settings



- Develop policy guidance on secondary use data
- Convene analytics workgroup/TEP as subset of OCE subcommittee

Continue working with CoRIE Partners to leverage HIE and foster partnerships to address social needs



FY22

Recommendation #4

Engage Community-Based Organizations and Facilitate Partnerships w/ Clinical Providers

to Expand Access and Use of Social Needs Information in the DC HIE

- ✓ Implemented HIE onboarding process for CBOs
- ✓ Implemented CBO outreach plan in partnership with HIE Stakeholder Subcommittee
- ✓ Enabled CBO-to-CBO Referrals and CBO-direct entry of screening/assessments
- ✓ Data stewards/representatives from CBOs participating in CRI subcommittee

FY23 tasks



- Onboard CBOs in priority service categories
- Enable screening to referral pathways



- Reconvene CBO Design Group
- Support use of HIE tools, including eReferral and screening, by hospitals and MCO case managers



- Diversify membership across committees/workgroups (CBOs, BH, LTSS)
- Formalize partnerships with CRI data stewards
- Clarify when consent would be required/where it would be documented

Improve user experience, increase awareness, and support appropriate use of DC HIE tools



Recommendation #5 & #6

Enhance the DC HIE Consumer Experience

for both Providers and Patients

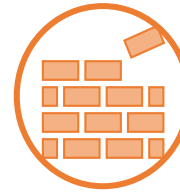
Improve Education and Communications

to Increase Awareness and Use of the DC HIE

FY22

- ✓ Revamped CRISP DC website – one-pagers, videos/clips
- ✓ Developed educational and outreach content
- ✓ Partnered DCHA, DCPCA, and DCMS to support pilots of DC CRS, z-codes, and advanced directives

FY23 tasks



- Develop strategy for improving use of tools and conduct regular UX testing
- Operationalize provider and payer compliance with CMS patient access rule
- Facilitate adoption of CEHRTs and direct connections to HIE



- Define expectations for user-experience/user-friendly HIE tools
- Recruit diverse group of DC HIE champions
- Develop process for capturing regular feedback to inform tool improvements



- Diversify SMEs informing design and development of HIE use cases

Explore provider-based incentives to further support connectivity and care coordination



FY22

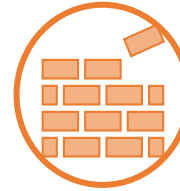
Recommendation #7

Develop and Promote Payment Models and Provider Incentives

to Drive Adoption and Use of the DC HIE

- ✓ All providers in MCO networks are required to have a PA in place with CRISP
- ✓ Issued standardized, minimum set screening questionnaire
- ✓ Enhanced TA services and incentives that are provided to prioritized providers (e.g., behavioral health, etc.)

FY23 tasks



- Credential users of population health analytics and SDOH HIE tools
- Enhancements based on user feedback



- Explore what might come next after ARPA Digital Health TA (i.e., new ways to link TA services promoting use to incentives)



- Explore opportunities and payment mechanisms to incentivize DC HIE participation

Questions?



Deniz Soyer

Acting Division Director

deniz.soyer@dc.gov



Eduarda Koch

Project Manager

eduarda.koch@dc.gov



Maava Khan

Program Analyst

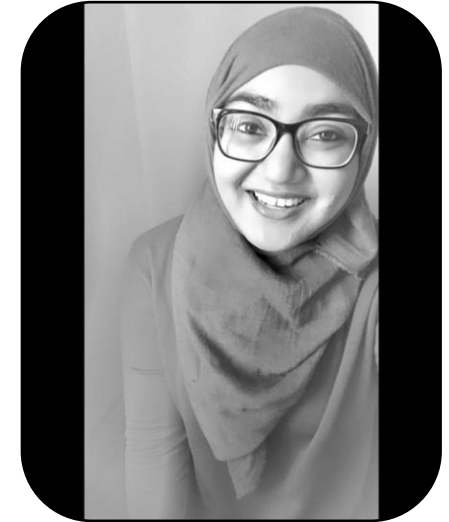
maava.khan@dc.gov



Nathaniel Curry

Project Analyst

nathaniel.curry@dc.gov



Asfiya Mariam

Policy Analyst

asfiya.mariam@dc.gov



Public Comments



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



Next Steps/ Adjournment



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