

Subcommittee: HIE Community Resource Inventory

Co-chairs: Ms. Luizilda de Oliveira and Mr. Khalil Hassam

Date: July 20, 2023

Status: Draft



District of Columbia Health Information Exchange Policy Board

Recommendations on Operational and Governance Specifications for the DC Community Resource Inventory

I. SUMMARY

HIE Policy Board Community Resource Inventory subcommittee proposes two (2) recommendations for the Community Resource Inventory (CRI). The subcommittee recognizes that while the DC CRI is unique as a resource directory, it is an artifact of the DC HIE and an integral part of the DC Community Resource Information (CoRIE) initiative. This positions the DC HIE as a centralized aggregator of health-related social needs data. Hence, the first recommendation outlines governance elements that the subcommittee recommends for inclusion in future rulemaking efforts by the Department of Health Care Finance (DHCF). The recommendation specifies the subcommittee's support to delegate responsibility of the DC CRI to the Designated HIE entity, key definitions, and the inclusion of language that outlines future policy guidance. The second recommendation outlines the subcommittee's decisions on several operational elements that are critical to the sustainability of the DC CRI. This includes policies for content collection, curation, management, and public accessibility. Together, these recommendations aim to support the long-term use of the DC CRI.

II. PROBLEM STATEMENT

The CRI subcommittee developed three (3) recommendations that were approved by the HIE Policy Board in [October 2022](#). These recommendations included the use of 'registered' and 'designated' entities that participate in a collaborative network to share, maintain, and exchange resource data. Following the approval of these recommendations, the subcommittee reviewed draft language for a proposed rule that envisioned a structure, like that of the DC HIE, with registered and designated entities for the CRI, along with various requirements for these entities to ensure the reliability of information displayed in the CRI.

The subcommittee discussed and recommended several specific requirements for inclusion in rulemaking, such as minimum categories for service records, requirements for a publicly accessible website, data quality assurance process, annual reporting requirements, and definitions. In the process, the subcommittee raised several concerns about financial and operational sustainability for CRI entities and outlined that entities may experience undue organizational burden as they may be required to share, process, and maintain a substantial volume of information. Further, absent any financial compensation/incentive, data stewards may not see the value in applying to obtain 'Registered' status.

Given the subcommittee's concerns, DHCF chose to move away from a separate proposed rule and instead, incorporate language within Chapter 87 of Title 29 DCMR (DC HIE final rule) that delegates the development and maintenance of the DC CRI to the District's Designated HIE entity. DHCF

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envisions the DC HIE as a centralized data aggregator for HRSN-related data across the health and social care continuum in the District, which bolsters data accuracy and completeness for HIE users. The DC CRI is a component of the broader DC Community Resource Information (CoRIE) initiative, which includes three (3) major functions – (1) Collecting and sharing social risk screening data; (2) Resource lookups through a centralized directory within the HIE; and (3) Electronic referrals to CBOs and other support services.

III. SUBCOMMITTEE GOAL AND ACTIVITY

This activity can be added under the subcommittee's overall goal to 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.

IV. DISCUSSION

The HIE Community Resource Inventory (CRI) Subcommittee proposes the following recommendations:

Recommendation #1 – Governance Elements: The subcommittee recommends the inclusion of the below listed governance elements within the DC HIE final rule:

- ***Designated HIE Entity as a Partner to Address HRSN:*** The subcommittee emphasized that the DC HIE is uniquely positioned to enable an electronic closed-loop referral process all within the same platform. The DC CRI, as an artifact of the HIE, is a vital component to ensure the efficiency of this process. This central location for all HRSN-related information offers the most value to Medicaid providers and other health care stakeholders as it directly supports provider activities to improve outcomes for beneficiaries. Hence, the subcommittee supported the inclusion of language that delegates responsibility to the Designated HIE Entity to develop, implement, and maintain all HIE tools related to HRSN.
- ***Definitions:*** The subcommittee recommended the inclusion of specific definitions for the DC CRI and Community-Based Organizations. These are:
 - **DC CRI:** A District-wide, publicly available directory that curates information on community-based resources available in the District, with the aim of addressing health related social needs and improving health equity of District residents.
 - **Community Based Organizations (CBOs):** CBOs are public or private not-for-profit resource hubs that provide specific services to the community or to a targeted population within that community.
- ***Responsibility for the DC CRI:*** The subcommittee recommended the inclusion of language within the rule that specifically assigns responsibility of the DC CRI to the Designated HIE Entity, with additional language that points to future policy guidance regarding content collection, curation, management, and public accessibility.

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Recommendation #2 – Operational Elements: The subcommittee considered several operational elements that are critical to the sustainability of the DC CRI. This includes several operational policies regarding *content collection, curation, management, and public accessibility*. Given that these policies are likely to change over time, the subcommittee recommends that these elements be included in future guidance. These elements are listed below:

- ***Content Collection:*** The subcommittee underscored the importance of partnerships with existing data stewards and social care organizations. Such partnerships allow for cooperative data maintenance that leverages any verification processes that stewards may already have in place. The subcommittee also emphasized that this model aligns with previously approved recommendations and the DC HIE as a health data utility.
- ***Content Management and National Standards:*** Records that reflect social care organizations and/or services should adhere to the latest version of the Alliance of Information and Referral Systems (AIRS) standards. Additionally, to ensure the exchange and display of structured information, data elements should match any schema used in the latest version of the Human Services Data Specification (HSDS). The subcommittee agreed that aligning any content management policies to existing standards allows for standardized information to be displayed and accessed via the CRI.
- ***Content Curation and Data Quality Assurance:*** The CRI should undergo periodic quality assurance checks to ensure the reliability of the data displayed on the CRI. This should include routine data verification and maintenance, the application of a style guide and inclusion/exclusion policy to all records, and the implementation of any process to remediate identified issues.
- ***Public Accessibility:*** The DC CRI should be available via a publicly accessible website that is usable by District residents to search for resources. The website should include functionality to filter through organizations by category (such as food, housing, and so on) and include location services to determine proximity and directions to organizations.
- ***Annual Reporting Requirements:*** To ensure that the CRI is responsive to the needs of the District residents, entities that manage the CRI should annually report the number of social care organizations on the CRI, the results of quality assurance checks, any website utilization data, and any updates to its strategic plans to support partnerships with data stewards.

Importantly, the subcommittee underscored the need for a process to ensure that operational policies are updated over time. To that end, the subcommittee discussed how the CRI could incorporate perspectives and feedback from local social care organizations and other District entities. These include any regular review and updates to any future guidance regarding the DC CRI (such as updates to the style guide or inclusion/exclusion criteria). Such a process ensures a feedback loop to ensure that the CRI is responsive to the needs of social care organizations in the District.

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V. RECOMMENDATION(S) FOR BOARD ACTION:

The Community Resource Inventory (CRI) subcommittee proposes that the DC HIE Policy Board approve the following operational and governance recommendations for DHCF's consideration as it works to develop future rulemaking and policies for the DC CRI.

Committee Members: Ms. Luizilda DeOliveira, Mr. Khalil Hassam, Mr. Luis Diaz, Ms. Stacey Johnson, Dr. Eric Marshall, Ms. Tamara Moore, Mr. Greg Bloom; Mr. David Poms, Ms. Sabrina Tadele, Ms. Ariana Wilson, Mr. Tommy Zarembka, Mx. Deniz Soyer, Ms. Asfiya Mariam