DISTRICT OF COLUMBIA HEALTH INFORMATION EXCHANGE
POLICY BOARD MEETING
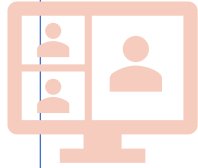

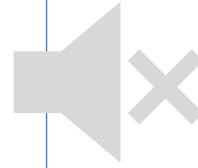**July 20, 2023 | 3:00 PM – 5:00 PM**

📹 **THIS MEETING IS BEING RECORDED**

Department of Health Care Finance | Remote Meeting
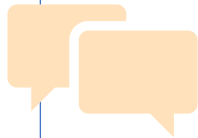
Virtual Meeting Processes

To increase engagement, turn on your video

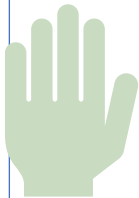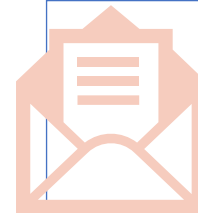Mute your microphone upon entry, and until you are ready to speak

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'**

July HIE Policy Board Meeting Agenda

01
Welcome and Call to Order

- Virtual Meeting Processes
- Roll Call
- Announcement of Quorum

02
Subcommittee Reports

- **Board Action**: Vote to approve recommendations on operational and governance considerations for the DC CRI

03
Designated HIE Entity Updates

- CRISP DC Participation Agreement
- Quarterly project updates and announcement of new functionalities

04
Introducing *PopHealth Analytics* Tool

- Progress update on multi-year strategy for analytics through the DC HIE
- Demo of the tool and overview of features

05
Digital Health Division Updates

- Policy Guidance Development
- Updates from the DC HIE Interagency Data Use Workgroup
- HCBS Digital Health Outreach & Technical Assistance (TA)

06
Public Comments

07
Next Steps/ Adjournment

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! Vacancies are listed below –

Two (2) Public Members	One (1) Medical Provider

District Medicaid Renewals
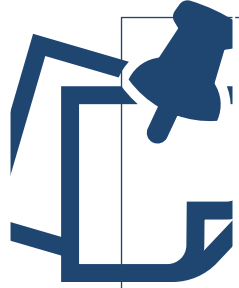
Medicaid Eligibility Renewals began April 1, 2023

Alliance and Immigrant Children's Program renewals began in July 2022

Communication and Beneficiary Outreach efforts include:

- ✓ Text Messaging
- ✓ Robocalls
- ✓ Citywide Advertising
- ✓ Stakeholder Trainings
- ✓ Community Meetings
- ✓ Stakeholder Toolkit

Beneficiaries may log into District Direct to see notices when their renewals will be up – and take action!

You may contact Medicaid.renewal@dc.gov for more information

Community Resource Inventory (CRI) Subcommittee

Lucy DeOliveira and Khalil Hassam

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

HIE PB Community Resource Inventory (CRI) Subcommittee

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

- **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.

FY 23 CRI Subcommittee Workplan

Activities	Timeframe

Goal 1: Inform registration and designation requirements for the DC CRI proposed rule.
• Provide feedback and inform the development of the DC CRI proposed rule as it relates to –
    • Registered and Designated CRI entity requirements and application
    • Information collection and content management requirements
    • Audit and educational requirements for designated CRI entities
	December 2022 – July 2023

Goal 2: Inform inter-governmental collaboration on CRI • Ensure alignment of CRI proposed rule with existing structures related to community-bases services to encourage the use of the DC CRI. • Inform the development of MOUs or other items to establish collaboration with other HHS cluster agencies. • Draft recommendations to HIE Policy Board.	**December 2022 – October 2023**
Goal 3: Analyze and discuss any ongoing data governance issues to ensure reliable maintenance and curation of DC CRI data • Provide oversight of the data maintained in the CRI, including ensuring that the data are maintained in accordance with nationally recognized standards • Inform guidance for the data maintained in the DC CRI related to Inclusion/Exclusion policies, style guides, creation of service records, and other initiatives/tools as they begin. • Develop a DC CRI Glossary that outlines operational terminology and definitions to standardize language used in the District as it relates to community resource information. • Draft recommendations to HIE Policy Board.	**December 2022 – October 2023**
Long-Term/ Regular Subcommittee Activities • Provide recommendations on any updates to terms and definitions as part of the DC CRI Glossary • Inform the development of performance metrics for designated CRI entities. • Recommend updates to the core minimum set of data contained for each service record in the DC CRI. • Work collaboratively with HIE Policy and Stakeholder Engagement subcommittees on any updates to the HIE final rule to reference the DC CRI and to create any educational materials to increase the use of the DC CRI.	

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

1 Community program and service info from disparate sources is fed to various regional data stewards

2 Designated stewards assume responsibility for info from each source in their domain ("Registers")

3 Each individual resource inventory seamlessly contributes information to the DC CRI while retrieving information on programs outside of their domains according to the standards and governance set to support a cooperative network by the DC HIE Policy Board CRI Subcommittee

4 DC CRI is a component of the DC HIE health data utility – it is (for now) managed by the CoRIE project partners

5 There are 3 ways to publicly access the same information about community programs and resources in the DC CRI

Eldercare & other service providers → **DC Government Agencies (e.g. DACL, CFSA)**

Food pantries & programs in DMV-area → **Capital Area Food Bank**

DC-PACT member organization programs → **DCPCA**

DC-proximate services in MD → **Maryland 2-1-1**

Other human and social services & programs → **Other prospective resource inventory data stewards**

Share updated resource data about services *within* their specific domain via API connection

Receive updated resource information about other services *outside* their domain via API connection

DC Community Resource Inventory (CRI)

Quality Assurance

Resource lookups via the DC CRI website (prototype): http://dc.openreferral.org

Resource lookups via the CRISP DC Portal

via API to the DC CRI from your system

CRI Subcommittee – *Accomplishments so far*

- Established in April 2021!

- Three (3) over-arching recommendations on data governance and sustainability
- Approved by Policy Board in Oct 2022

- Change in direction to include new language in the DC HIE final rule
- Discussed specific operational requirements

Initial Work

April 2021

First Set of Recommendations

Oct 2022

Operational and Governance Elements

Nov 2022 – Present

CRI Subcommittee – *Initial Work*

- DC PACT's CRI Action team recommendations for data maintenance

- Review of data sustainability and technical models (such as service register, collaborative, and data utility)

- Measures to support operations of the CRI by answering open questions:
  - Anchor institution and shared oversight
  - Formal governance model (via proposed rulemaking)

Initial Work

April 2021

CRI Subcommittee – *Accomplishments so far*

- Established in April 2021!

- Three (3) over-arching recommendations on data governance and sustainability
- Approved by Policy Board in Oct 2022

- Change in direction to include new language in the DC HIE final rule
- Discussed specific operational requirements

Initial Work

April 2021

First Set of Recommendations

Oct 2022

Operational and Governance Elements

Nov 2022 – Present

CRI Subcommittee – *October 2022 Recommendations*

- Three (3) over-arching recommendations on data governance and sustainability

- Approved by Policy Board in Oct 2022

- Recommended that there be a formal governance structure to operate and maintain the DC CRI.

- Assigned the role of "regular research and deliberation on data governance" by providing feedback to any draft regulations

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.

First Set of Recommendations

Oct 2022

CRI Subcommittee – *Accomplishments so far*

- Established in April 2021!

- Three (3) over-arching recommendations on data governance and sustainability
- Approved by Policy Board in Oct 2022

- Change in direction to include new language in the DC HIE final rule
- Discussed specific operational requirements

Initial Work

April 2021

First Set of Recommendations

Oct 2022

Operational and Governance Elements

Nov 2022 – Present

CRI Subcommittee – *Discussion on Formal Governance and Operational Structures*

- Discussed specific requirements for a proposed rule, including requirements for registered and designated entities, the application process, and additional operational requirements.

- Discussed specific requirements for operational elements, such as:
  - ➢ Categories for service records
  - ➢ Publicly accessible website
  - ➢ Data quality assurance
  - ➢ Annual reporting
  - ➢ Definitions for CRI and CBO

- Reviewed the role of the DC CRI in addressing Health Related Social Needs (HRSN) and its position as an artifact of the DC HIE.

Operational and Governance Elements

Nov 2022 – Present

CRI Subcommittee Governance and Operational Elements

- Based on its review, the subcommittee has two (2) recommendations.

Recommendation #1

Governance Elements

For inclusion in the HIE final rule

- Designated HIE Entity as a Partner to Address HRSN
- Definitions for CRI and Community-Based Organizations
- Responsibility for the DC CRI Delegated to the Designated HIE Entity

Recommendation #2

Operational Elements

Future guidance

- Content Collection
- Content Management and National Standards
- Content Curation and Data Quality Assurance
- Public Accessibility
- Annual Reporting
- Process for Regular Updates

A copy of the full recommendation is available for review in meeting materials (sent via email and on the Policy Board website)

District Designated HIE Entity Updates

Stephanie Brown

Executive Director

CRISP DC

Allocated Time: 3:25 – 3:40 PM (15 mins.)

Notice of Assignment – The CRISP DC PA

CRISP DC

To Whom It May Concern:

Chesapeake Regional Information System for our Patients, Inc. ("CRISP") and [PARTICIPANT] are parties to the Participation Agreement (the "Agreement"). Section 22.04 of the Agreement states that the Agreement may be assigned based on the planned reorganization of CRISP DC, LLC into a non-profit corporation. CRISP DC, a non-profit corporation, was incorporated in 2022, with corresponding assets assigned on or before June 30, 2023. Therefore, in accordance with Section 22.04 of the Agreement, this letter is a notification that the Participation Agreement has been assigned to CRISP DC, Inc.

All required notices can now be directed to CRISP DC, Inc. at the same address identified in the Agreement.

Feel free to contact our General Counsel, Nichole Sweeney at nichole.sweeney@crisphealth.org if you have questions.

CRISP DC Consent Tool – Access Through the App

CRISP DC – Project Updates

- The CRISP DC has completed the integration to show the DC CRI data through the CRISP Program Directory within the portal.

- **Reminder**: Digital documentation of advance care planning documents is available through CRISP. Please reach out to Corey.Main@crisphealth.org if you are interested in gaining access to this tool.

Guidance from DC HIE PB Technical Expert Panel

Discharge Elements

Discharge Diagnosis	**Reason for Visit**	**Laboratory Results**	**Immunizations** In Progress
Discharge Medications	**Medication Allergies**	**Discharge Appointments**	**Vital Signs**
Plan of Care * Future Phase	**Procedure Notes *** Future Phase	**Consult Notes *** Future Phase	**Point of Contact *** Elements on Hold
Summary of Care * Elements on Hold	**Z-Codes** Additional Element Parsed and Displayed		

*Clinical notes section displays transcription messages (discharge summaries, clinical notes, operative narratives, EMS runsheet)
*Next of kin relationship and contact info is in patient care snapshot

Data Elements from the Technical Expert Panel

Discharge Element	Available in CRISP?	Data Element Parsed from CCDs?	Location in CRISP DC Portal
Discharge Diagnosis	Yes	Yes	Patient Care Snapshot
Reason for Visit	Yes	Yes	Patient Care Snapshot
Lab Results	Yes	Yes	Clinical Data, Health Records, Laboratory
Immunizations	Yes, Partial, MD Registry Data is Viewable	In Progress to Pull from DC CCDs	Clinical Data, Immunizations
Discharge Medications	Yes	Yes	Medication Management, Captured Medications
Medication Allergies	Partial	No, Future Iteration	Clinical Data, Health Records, In CCDs
Discharge Appointments	Partial	No, Future Iteration	Clinical Data, Health Records, In CCDs
Vital Signs	Partial	No, In Analysis	Clinical Data, Health Records, In CCDs
Plans & Summary of Care	Partial	No	Clinical Data, Structured Documents
Procedure & Consult Notes	Partial	No	Clinical Data, Structured Documents
Point of Contact	Partial	Yes	Patient Information, Demographics and Next of Kin
Z-Codes*	Yes	Yes	Social Needs Data, Conditions

*Z Codes are being parsed and displayed but were not a formal recommendation from the TEP.

Introducing - CRISP DC PopHealth Reporting

Goodbye, CRISP Reporting Services (DC CRS)
Hello, PopHealth!

Analytics Now in the CRISP DC HIE Portal alongside ALL your HIE Tools

The CRISP DC HIE Portal is your new gateway to reporting. Starting June 12th, 2023, users will no longer access reports through the previous platform/URL. Users will access the reports directly through the CRISP DC HIE Portal!

All Your Work in One Place!

Simply log into the CRISP DC HIE Portal for all your CRISP work. Your credentials will grant you access to the secure web-based analytics suite of reports. Existing users will retain access to all previously assigned reports, enabling them to continue identifying trends and providing insights into enhancing patient care across the District.

Update on DC HIE Population Health Analytics Tools

Deniz Soyer

Division Director

DHCF

Vinay Balani

Data Analyst

hMetrix

Allocated Time: 3:40 – 4:15 PM (35 mins.)

CRISP DC PopHealth Analytics tool is 1 of 6 Core Capabilities that make up the DC HIE Infrastructure

Critical Infrastructure (e.g. Encounters and Alerts)

- ADT Alerts
- Health Records
- Patient Snapshot
- Image Exchange

Consent to Share Data

Consent to Share SUD Data

-SUD (42 CFR Part 2) Data Consent
-HIPAA Consent
-Telehealth Consent

Registry and Inventory

- Care Management Registry
- Community Resource Inventory
- Advance Care Planning

Simple and Secure Messaging

Provider Directory

Screening and Referral (e.g. SDOH)

Referral and Screening

-Social needs screening for housing and food insecurity

-eReferral to community resources and social supports

Advanced Analytics for Population Health Management

PopHealth Analytics

Utilization and performance dashboards

Vaccine Tracker

DHCF is prioritizing the development of basic and advanced analytic population health management capabilities in the DC HIE over a multi-year period

	Basic Analytics	**Advanced Analytics**
Development	FY22 – FY23	FY23 – FY25
Data Source	Primarily claims-based	Data from multiple sources is leveraged and transformed into a usable format
Features and Uses	• Reports on demographic, health utilization, and cost metrics for patients in a panel • Compare data points for different timeframes or understand utilization patterns and trends over time. • Ability to monitor progress in quality measures reporting and incentive programs • Define and/or compare one or more populations (i.e. chronic disease, program enrollment, or other groupings) • Easily identify patients who meet criteria for a specific action to improve patient health	• Risk stratification to identify high-cost, high-utilization, members with chronic disease • Upload subpanels for programs to conduct in-house evaluations (pre-/post-interventions) • Visualization tools to strengthen communication across clinical and non-clinical settings • Guide care management efforts related to patient follow-up after acute care encounters • Predictive risk models based on claims and clinical data to support interventions • Measurement based care capturing and monitoring patient reported outcomes

PopHealth Analytics Vision

- PopHealth Analytics tool enables **population-level and panel-level management** through clinical and administrative data – it is designed with the diverse group of DC HIE users in mind and to support their analyses and interventions.

- The tool is ***not currently* tied to performance monitoring of DHCF VBP or P4P** initiatives. However, developing and enabling use of these tools now will support readiness for such initiatives in future.

Overview

01

Data in the Reports

02

Reports Currently in Production

03

Demo of Select Live Features & Upcoming Reports

04

PopHealth User Support

05

Overview of PopHealth Platform and Future Growth

Current Data in the Reports

- Medicaid and Alliance Claims data coming directly from DHCF (bi-weekly)

- Lab data and Z-code data from parsed ADT and CCD messages coming from CRISP DC (monthly)

- Data available from November 2018 to present

- Current data is representative of DC Medicaid and Alliance Members

Note: All data in this presentation is demo data and does not include PHI (and therefore can be shared with others)

The PopHealth Analytics Tool Currently has Nine (9) Categories of Reports in Production

Utilization and Quality Reports

Insights into utilization patterns and quality of care

Population Summary Report

High-level utilization and demographic information

Readmission Reduction Report

Readmissions rates and patterns

CMS Core Set Measures Reports

Medicaid and CHIP quality measures

Pediatric Health Reports

Utilization and performance of recommended procedures

Prescription Drug Reports

Prescription drug utilization, prescribing trends, and tracking out-of-sync-beneficiaries

Medicaid Payment Reports

Identify cost drivers, monitor trends in expenditure patterns

Skilled Nursing Facility (SNF) Report

View overall SNF utilization for patients

Nursing Facility Census Report

List of beneficiaries residing within a nursing facility

Population Navigator

Filter or sort based on values in any column (additional columns not shown)

Export to Excel for additional analyses

Create Roster for viewing Reports for a targeted population

Filter panel by chronic condition, utilization-based measures, and PQI history

Population Navigator

Roster: Select Roster   ☰ Roster ▼

📊 Excel Export

Measures

Medicaid ID	Name	First Name	Last Name	DOB	Gender	Street	State	Fil...	Measures ↑	Value	Count
1030684603							DC		**Chronic Condition (Filtered:0)**		
1030769196							DC	☐	Anemia	Yes	208
1030328180							DC	☐	Asthma	Yes	175
1030004274							DC	☐	Atrialfibrillation	Yes	53
1030925132							DC	☐	Chronic Kidney Diseasee	Yes	108
1030727720							DC	☐	Chronic Obstructive Pulmon...	Yes	110
1030095434							DC	☐	Colorectal Cancer	Yes	10
1030266366							DC	☐	Diabetes	Yes	473
1030143056							DC	☐	Endometrial Cancer	Yes	4
1030977462							DC	☐	HIV/AIDS	Yes	44
1030470649							DC	☐	Heart Failure	Yes	113
1030022073							DC	☐	Hip Pelvic Fracture	Yes	6
1030925134							DC	☐	Hyper Lipidemia	Yes	380
1030243498							DC	☐	Hypertension	Yes	911
1030616335							DC	☐	Ischemic Heart Disease	Yes	109
1030540589							DC	☐	Lung Cancer	Yes	9
1030361529							DC	☐	Obesity	Yes	243
1030091156	AGIA	ABDULLAH	12/01/1972	Female	4190 DARIEN PL	DC	☐	Osteoporosis	Yes	32
								☐	Parkinsons	Yes	112
								☐	Pneumonia	Yes	36
								☐	Prostate Cancer	Yes	22
								☐	Transient Ischemic Attack	Yes	69
								☐	Transverse Myelitis	Yes	6

« ‹ Page 1 of 107 › » ↻   Displaying 1 - 25 of 2651

Track utilization of acute care settings

Acute Care Setting Utilization Report

- This report tracks inpatient hospital admissions and emergency department visits.

- Toggle between the Inpatient (IP) Hospital or Emergency Room (ER) settings to analyze trends, top diagnosis, and utilization summary.

- Drill-through to Beneficiary and Claim-level details.

Reference Groups
- All DC Medicaid
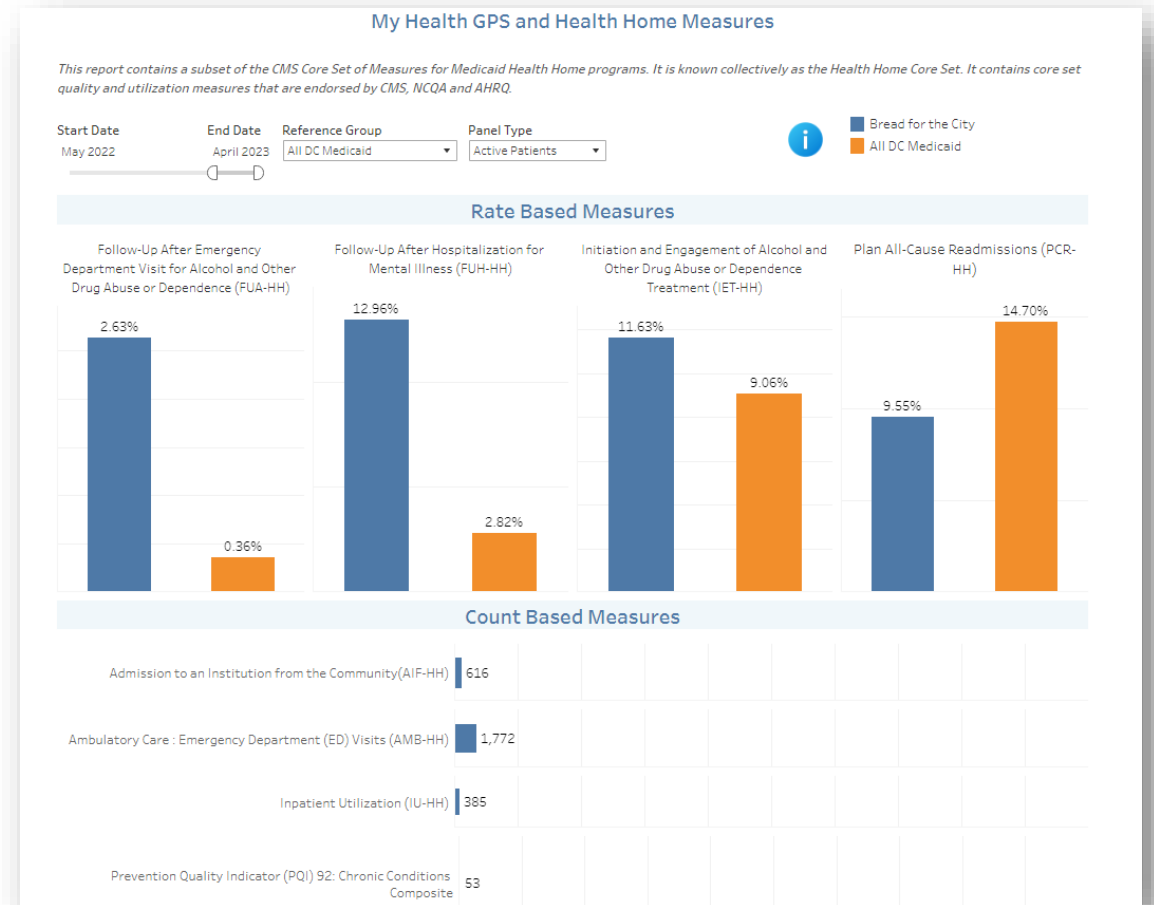- Peer Group – aggregation of all other FQHCs
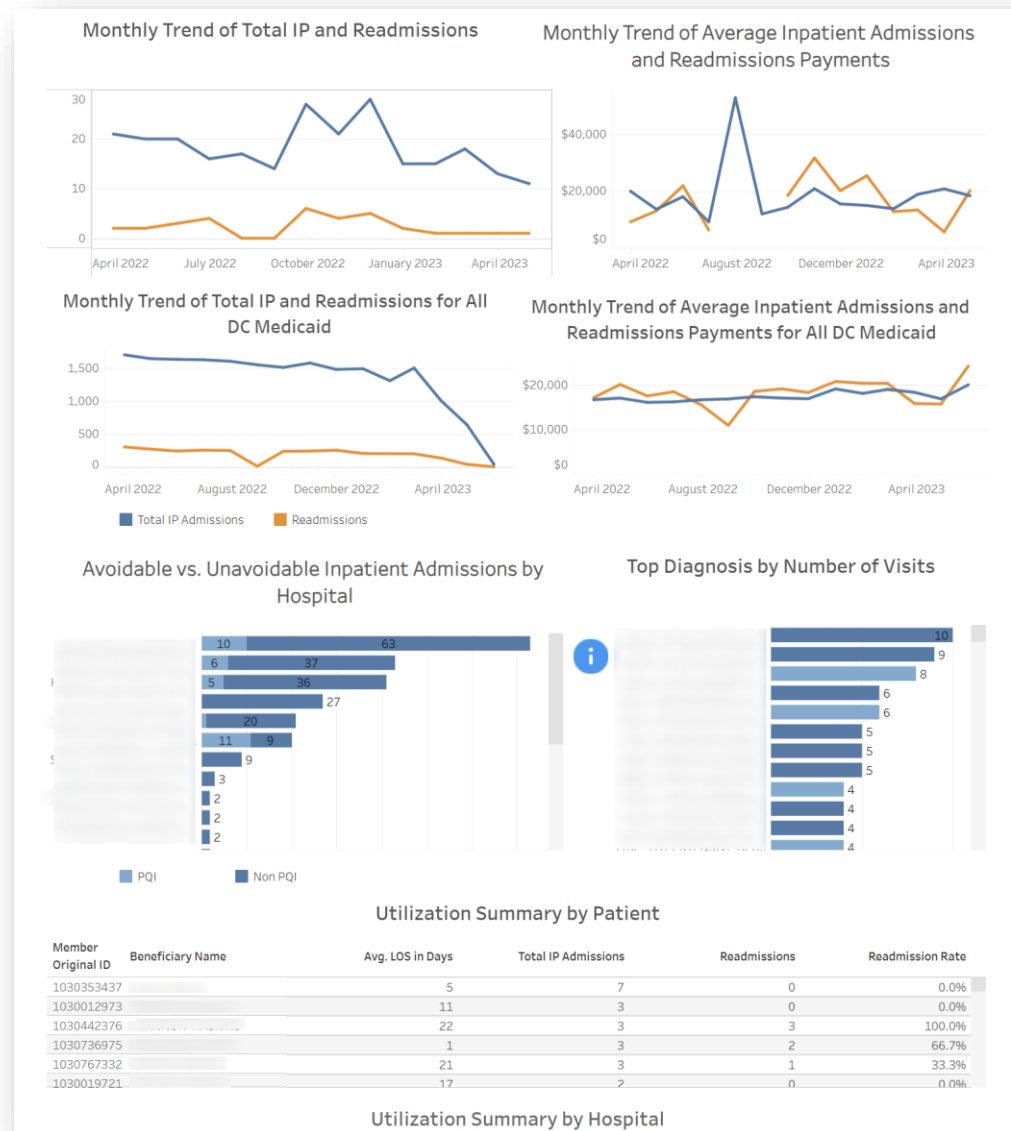
Track quality and utilization performance
Health Home Measures Report

- Use this report to track subsets of CMS Core Set of Measures for Medicaid Health Home programs.

- Individual Measure dashboards on selection.

- Drill-through to Beneficiary and Claim-level details.

Reference Groups
- All DC Medicaid
- Peer Group – aggregation of all other FQHCs

My Health GPS and Health Home Measures

This report contains a subset of the CMS Core Set of Measures for Medicaid Health Home programs. It is known collectively as the Health Home Core Set. It contains core set quality and utilization measures that are endorsed by CMS, NCQA and AHRQ.

| Start Date | End Date | Reference Group | Panel Type |
| May 2022 | April 2023 | All DC Medicaid | Active Patients |

Bread for the City
All DC Medicaid

Rate Based Measures

| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-HH) | Follow-Up After Hospitalization for Mental Illness (FUH-HH) | Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH) | Plan All-Cause Readmissions (PCR-HH) |
| 2.63% / 0.36% | 12.96% / 2.82% | 11.63% / 9.06% | 9.55% / 14.70% |

Count Based Measures

Admission to an Institution from the Community(AIF-HH) — 616

Ambulatory Care : Emergency Department (ED) Visits (AMB-HH) — 1,772

Inpatient Utilization (IU-HH) — 385

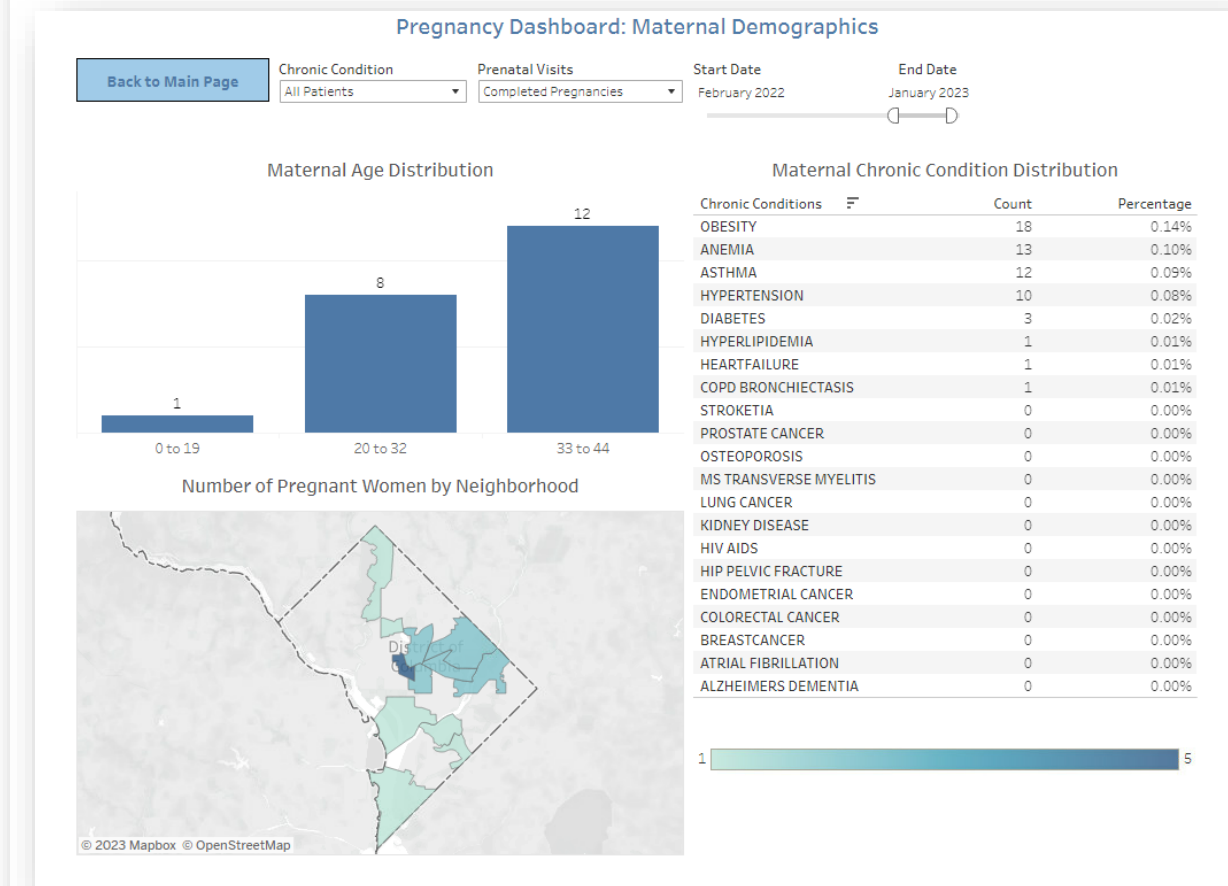Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite — 53

Track utilization of Prenatal, Pregnancy, and Postpartum Services

Maternal Health Utilization Report

- Use this report to track phases of your beneficiaries' utilization of maternal health services.

- Utilization dashboards for each phase of pregnancy.

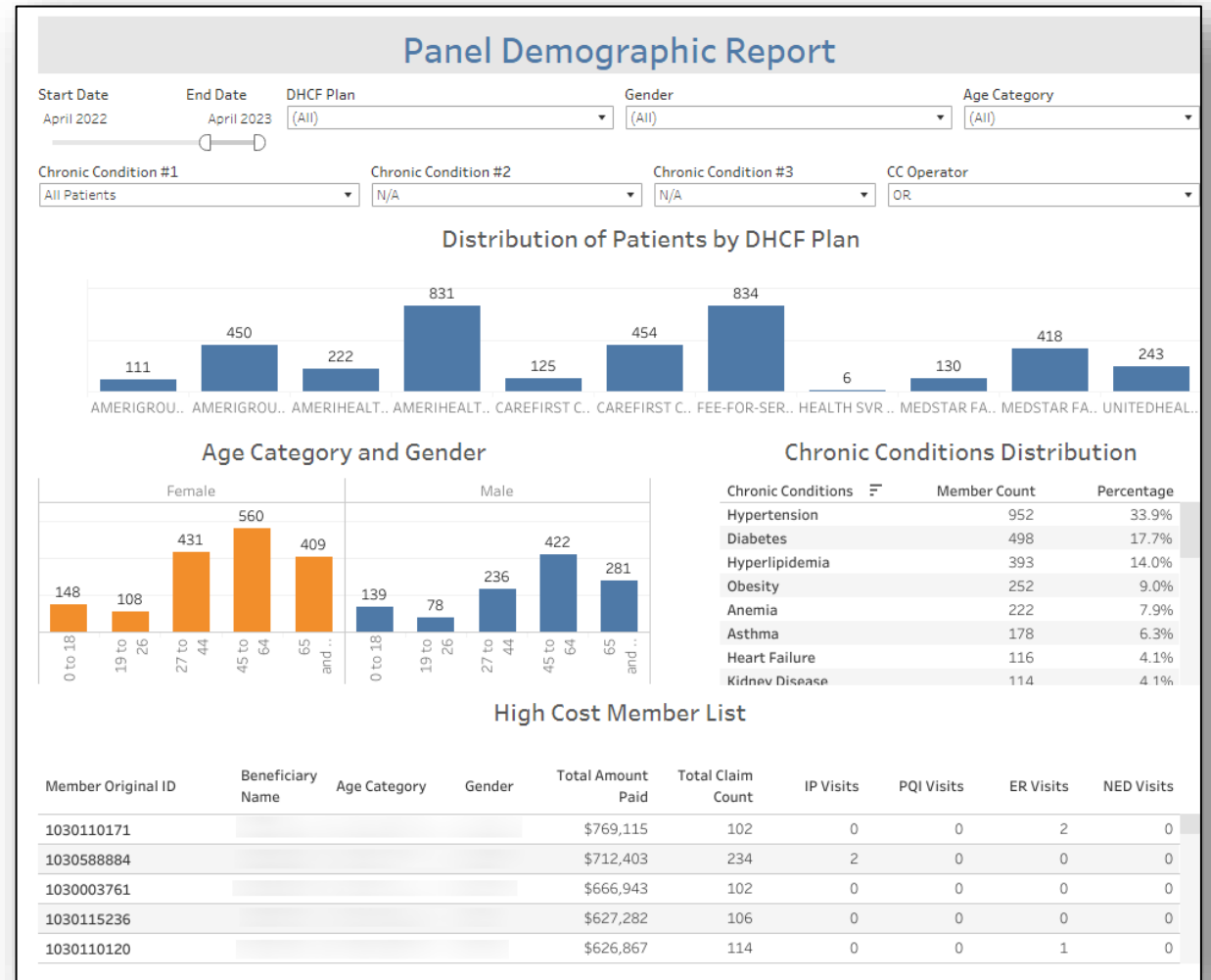- Drill-through to Beneficiary and Claim-level details.

Reference Groups

- All DC Medicaid
- Peer Group – aggregation of all other FQHCs

Pregnancy Dashboard: Maternal Demographics

Back to Main Page	Chronic Condition	Prenatal Visits	Start Date	End Date
	All Patients	Completed Pregnancies	February 2022	January 2023

Maternal Age Distribution

Age Range	Count
0 to 19	1
20 to 32	8
33 to 44	12

Maternal Chronic Condition Distribution

Chronic Conditions	Count	Percentage
OBESITY	18	0.14%
ANEMIA	13	0.10%
ASTHMA	12	0.09%
HYPERTENSION	10	0.08%
DIABETES	3	0.02%
HYPERLIPIDEMIA	1	0.01%
HEARTFAILURE	1	0.01%
COPD BRONCHIECTASIS	1	0.01%
STROKETIA	0	0.00%
PROSTATE CANCER	0	0.00%
OSTEOPOROSIS	0	0.00%
MS TRANSVERSE MYELITIS	0	0.00%
LUNG CANCER	0	0.00%
KIDNEY DISEASE	0	0.00%
HIV AIDS	0	0.00%
HIP PELVIC FRACTURE	0	0.00%
ENDOMETRIAL CANCER	0	0.00%
COLORECTAL CANCER	0	0.00%
BREASTCANCER	0	0.00%
ATRIAL FIBRILLATION	0	0.00%
ALZHEIMERS DEMENTIA	0	0.00%

Number of Pregnant Women by Neighborhood

© 2023 Mapbox © OpenStreetMap

View high-level distribution of patients and track overall utilization

Panel Demographic Report

- Use this report to view high-level demographics and track overall utilization of the health system by beneficiaries in a panel.

- Features include:
  - Distribution of Patients by DHCF Plan, Age Category and Gender, and Chronic Conditions
  - High-Cost Member List
  - Top 10 Diagnosis
  - High Comorbidity Member List

- Drill-through to Beneficiary and Claim-level details.

Track Pediatric Dental Service Utilization and Performance
Pediatric Health Reports

- Use the first set of Pediatric Health Reports released to track utilization, per the DC Medicaid HealthCheck Dental Periodicity Schedule.

- Individual Measure dashboards on selection.

- Drill-through to Beneficiary and Claim-level details.

Reference Groups
- All DC Medicaid
- Peer Group – aggregation of all other FQHCs

HealthCheck Dashboard for Recommended Dental Procedures

The HealthCheck Dashboard for Recommended Dental Procedures dashboard allows you to view the recommended dental proce...

Click each procedure group to access the procedure-specific dashboard. Click on the performance score to view the beneficiary and claim-le... procedure groups. Procedure groups are based on the DC Medicaid HealthCheck Dental Periodicity Schedule that can be found here: https://www.dchealthcheck.net/documents/DC_Medicaid_HealthCheck_DENTAL_Periodicity-10-20.pdf.

Measure Year 2023
Reference Group All DC Medicaid

Red colored text means that Pa... the Reference Group's for that a...

|	6-11 months	12-23 months	2-5 years	6-11 years	12...
Number of Beneficiaries	176	725	3,451	6,369	
Avg.No.of Services Received	0.00	0.16	0.82	1.02	
Caries-Risk Assessment	0.00%	0.83%	5.74%	6.37%	
Clinical Oral Examination	0.00%	5.66%	25.21%	25.72%	
Counseling	0.00%	0.14%	0.26%	0.44%	
Oral Prophylaxis	0.00%	4.14%	22.17%	22.56%	
Topical Fluoride	0.00%	4.83%	23.21%	22.59%	
Radiographic Assessment	0.00%	0.00%	5.65%	20.49%	
Sealants			0.09%	3.56%	

Identify and understand your patients' social needs

Social Determinants of Health reports

- The Social Determinants of Health reports provide insights into the prevalence and distribution of social needs, allowing stakeholders to develop targeted interventions, policies, and programs to address these needs and improve health outcomes

- Drill-through to Social Needs, Beneficiary and Claim-level details.

Reference Groups
- All DC Medicaid
- Peer Group – aggregation of all other FQHCs
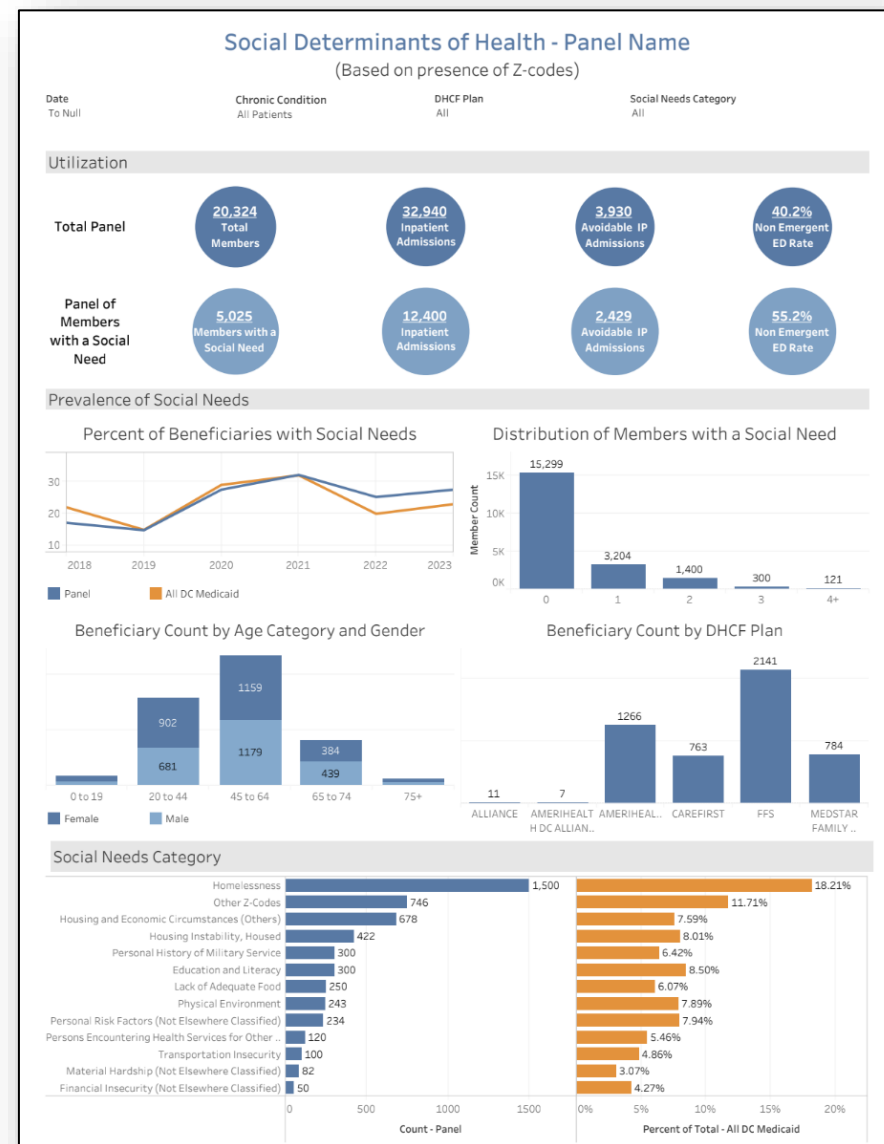
Identify and monitor Medicaid redetermination date for your patient population to avoid gaps in coverage
DC Medicaid Redetermination Report

- FQHC-based users can access the DC Medicaid Redetermination Report to identify beneficiaries with upcoming redeterminations.

- Filter your patient population by days left for redetermination, current payer, or DHCF program.

Days Left for Redetermination	Current Payer Name	DHCF Program						
All	All	All						

Medicaid ID	Last Name	First Name	DOB	Gender	Street	State	Zip Code	Current Payer Name	DHCF Program	Days to Redetermination	Medicaid Redetermination Date
										24	7/1/2023
										24	7/1/2023
										24	7/1/2023
										55	8/1/2023
										55	8/1/2023
										86	9/1/2023
										116	10/1/2023
										116	10/1/2023
										116	10/1/2023

Most reports allow users to examine specific utilization and demographic details through Drill-Throughs

Beneficiary-Level Drill-Through

Beneficiary Details

Subscriber Name:

Member Original ID	Beneficiary Name	Gender	DOB	Age	Zip Code	Case Manager	DHCF Plan	Claim Count	Readmissi..	Amount Paid	Panel Reference
1030767332						Null	FEE-FOR-SERVICE	3	1	$99,719	
1030313183						Null	FEE-FOR-SERVICE	2	1	$1,639	

Claims-Level Drill-Through

Claim Details

Subscriber Name:

Member Original ID	Beneficiary Name	Claim Number	Service Start Date	Service End Date	Primary Diagnosis	APR DRG	Provider Name	DHCF Plan (Current)	Readmissio..	Amount Paid
1030767332			05/01/2022	06/01/2022				AMERIHEALTH DI..	1	$19,016
			06/01/2022	07/01/2022				AMERIHEALTH DI..	0	$37,330
			05/01/2023	05/01/2023				FEE-FOR-SERVICE	0	$43,372

Live Demo

** Note: all PHI is masked in this demonstration

Coming Soon – Moving beyond claims data!

- In the last quarter, we've developed our first reports that use both clinical (lab and ADTs) and claims data

- Parsing data elements from clinical data (i.e. CCDs) flowing into the HIE can provide additional data points that can be leveraged to enhance new and existing dashboards

- Race/ethnicity data element integration to stratify dashboards and reports

PopHealth report rollout timeline

Reports	Details	Timeline
• **Social Determinants of Health Reports**	Social Determinants of Health Map Social Determinants of Health Reports – based on presence of Z-codes	May-Jul development Rollout 07/21/23
• **NASTAD and HIV-Related Measures Report**	HIV Viral Load Suppression Prescription of HIV Antiretroviral Therapy (ART) Medication HIV Medical Visit Frequency Gap in HIV Medical Visits Annual Retention in Care	Jan, Jun-Jul development Rollout 07/28/23
• **Pediatric Health Reports: Pediatric Wellness**	Services Utilization HealthCheck Dashboard for Recommended Procedures	Jul-Aug development Rollout 09/01/23
• **Pharmacy Enhancements and Medication Adherence**	TBD	Aug-Sep development Rollout 09/29/23
• **Pediatric Health Reports: Hearing, Vision, and Lead**	Services Utilization HealthCheck Dashboard for Recommended Procedures	Oct-Feb development Rollout Jan/Feb 2024
• **Race and Ethnicity Disparity Reports**	TBD	Mar-Apr development Rollout May 2024

Digital Health Updates – Infrastructure, Technical Assistance, and Policy & Governance

Allocated Time: 4:15 - 4:50 PM (35 mins.)

The Department of Health Care Finance administers Washington D.C.'s Medicaid program and oversees the D.C. Health Information Exchange marketplace
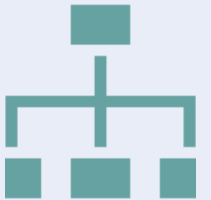
State Health IT Coordinator

DHCF leads digital health policy and strategy as well as implementation of HIE services across D.C.

Regulator

*DHCF regulates HIE and manage the registration and designation process for HIEs operating in D.C.*

Strategic leader and convener

DHCF convenes stakeholders through the DC HIE Policy Board and elsewhere to remain responsive to evolving digital health needs

Funder and Partner

DHCF leverages local and federal funds to support HIE infrastructure and partners with other health and human services cluster agencies to collaboratively sustain HIE
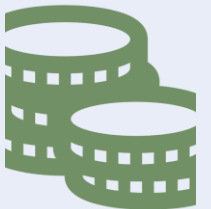
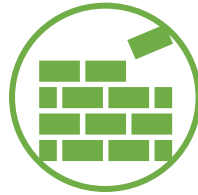# DHCF Digital Health Team

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Policy & Governance
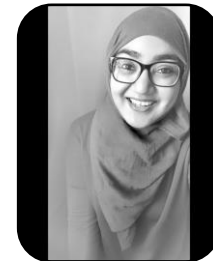
Asfiya Mariam
Policy Analyst
asfiya.mariam@dc.gov

Policy Guidance Development
and
Update on Interagency Data
Use Workgroup

Deniz Soyer

Division Director

DHCF

Allocated Time: 4:15 – 4:30 PM (15 mins.)

Why do we need HIE Rule policy guidance?

- The HIE final rule includes several references to policy guidance for registered and designated entities.

- There are some references to guidance that will require changes to the rule – such as standards that change infrequently.

- Policy guidance is intended to refer to items introduced in the HIE rule and elaborate on the content in the rule to be clearer about expectations

How did we develop policy guidance?

- DHCF reviewed areas of the HIE final rule that need clarification through policy guidance

- DHCF also reviewed current agreements in place with the HIE and existing procedures that both registered HIE entities have to inform policy guidance
  - Non-burdensome to entities
  - Alignment with existing agreements and avoid duplication

- DHCF receives and reviews feedback from this HIE Policy Board's Policy Subcommittee to inform its development of policy guidance

Areas of Policy Guidance Applicable to Registered and Designated HIEs that will be issued Fall 2023

Identifying Authorized Users
8703.5, 8703.6, 8703.7

Minimum requirements to ensure that only an authorized user has access, uses, or discloses PHI from the HIE

Notice Regarding Cease of Operations
8702.2(f)

Details on what should be submitted to DHCF – including transition activities in the event of cease of operations, destruction of PHI, etc.

Audit Requirements
8704.1(b), 8704.1(f), 8705.4

National standards for audits. Providing a time frame for any remedial actions that participating organizations should take in the event of an unusual finding.

Policy guidance will be issued through transmittals, posted on the DHCF website, and disseminated to HIE entities

DC HIE Rule updates – drafting beginning this summer

- Anticipated updates will include:
  - Extension of designation term to 6 years
  - Inclusion of language to establish the HIE as a health data utility
  - Formal definition of the term '*Health Data Utility*' and '*Participating Organization*'
  - Aligning language on Primary Uses of Data with HIPAA (i.e. population health)

- DHCF will engage Board subcommittees to provide feedback on components of updates to the rule, as needed (i.e. HIE-related terms/definitions, operational/governance requirements)

DC HIE Interagency Data Use Workgroup

- In January 2023, Division of Digital Health established a new centralized process to receive, triage, and implement use cases that request data maintained by the DC HIE.

- The **DC HIE Interagency Data Use Workgroup** was created to review submitted use cases to streamline the review of all use cases received.

- The process includes submission of a standardized **Smartsheet** form with use case details, a presentation by the requesting party, an analysis of technical and policy implications that impact the implementation of the use case.

Health Impacts due to Air Quality Use Case

Air Quality Health Impacts

Use Case Received: March 22, 2023; **Workgroup Review:** May 8, 2023

Submitted by: Joseph Jakuta and Kayla Baum, Air Quality Planning Branch, DOEE

Use Case Description: The Air Quality Division (AQD) at DOEE is seeking deidentified patient data to analyze health impact disparities caused by or related to poor air quality in order to inform policy, program, and regulatory direction. This use case plans to use HIE data, in conjunction with DOEE data sets, to discover which census tracts and/or demographics have contextually high rates of poor air quality related health outcomes. Findings will be used to adjust permitting requirements, implement additional air monitoring in census tracts, or develop regulations.

Workgroup Decision: Use Case is Denied. Disclosure of requested data does not fit within one of the Primary Uses listed within Section 8703.2 of the DC HIE Rule. There are no reporting requirements for these data elements at the time of use case review. Workgroup members expressed support for the goal of the use case and affirmed that it may aid in District efforts to address the deleterious impacts of poor air quality.

Policy Solutions for enabling this use case:
- Revisiting current District regulation and examining other states' regulation/rulemaking activities
- Revisiting DC HIE Rule and the Development of a Secondary Use Policy

Cancer Registry Demographic Data

Cancer Registry Demographic Data

Use Case Received: July 6, 2023; **Workgroup Review:** July 10, 2023

Submitted by: Eva Reid and Alfreda Woods, Office of the Director and Community Health Administration, DC Health

Use Case Description: DC Health is requesting race and ethnicity data for any encounters related to persons diagnosed with or treated for benign tumors of the brain or central nervous system, or any malignant cancers. DC Health has a high volume of missing information related to race and ethnicity. Accurate recording of race/ethnicity data in registries is crucial for monitoring cancer trends and addressing cancer disparities among cancer survivors. These data elements are included in DC Municipal Regulation Rule 22-B215 – Monitoring and Reporting the Occurrence of Cancer.

Workgroup Decision: Use Case is Approved. Disclosure of requested data disclosure of the data is required under Rule 22-B215.

Next Steps:
- Review by CRISP Clinical Committee at its August meeting
- Coordination with DC Health and CRISP to develop, implement, and maintain the use case.

Have an idea for a Use Case? Please reach out!

- All requestors from DC Government Partner Agencies will be required to complete this form for new uses of the DC HIE: **Smartsheet Link** and provide essential information the proposed use case:

  - Use case name, description and goal
  - Data elements requested
  - How the data will be used and who are the end users
  - Time period for request (one-time or ongoing)
  - Funding available, if any

- Requester is notified of receipt and invited to present the use case at an upcoming DC HIE Interagency Data Use Case Workgroup.

- Meets 2nd Monday of the month – next meeting: **Monday, August 14**!

- Any staff from DC Health, DBH, or other sister agency are welcome to attend

- Use cases **must** be submitted no later than 5 business days prior to the meeting date

Digital Health Technical Assistance (TA) Program
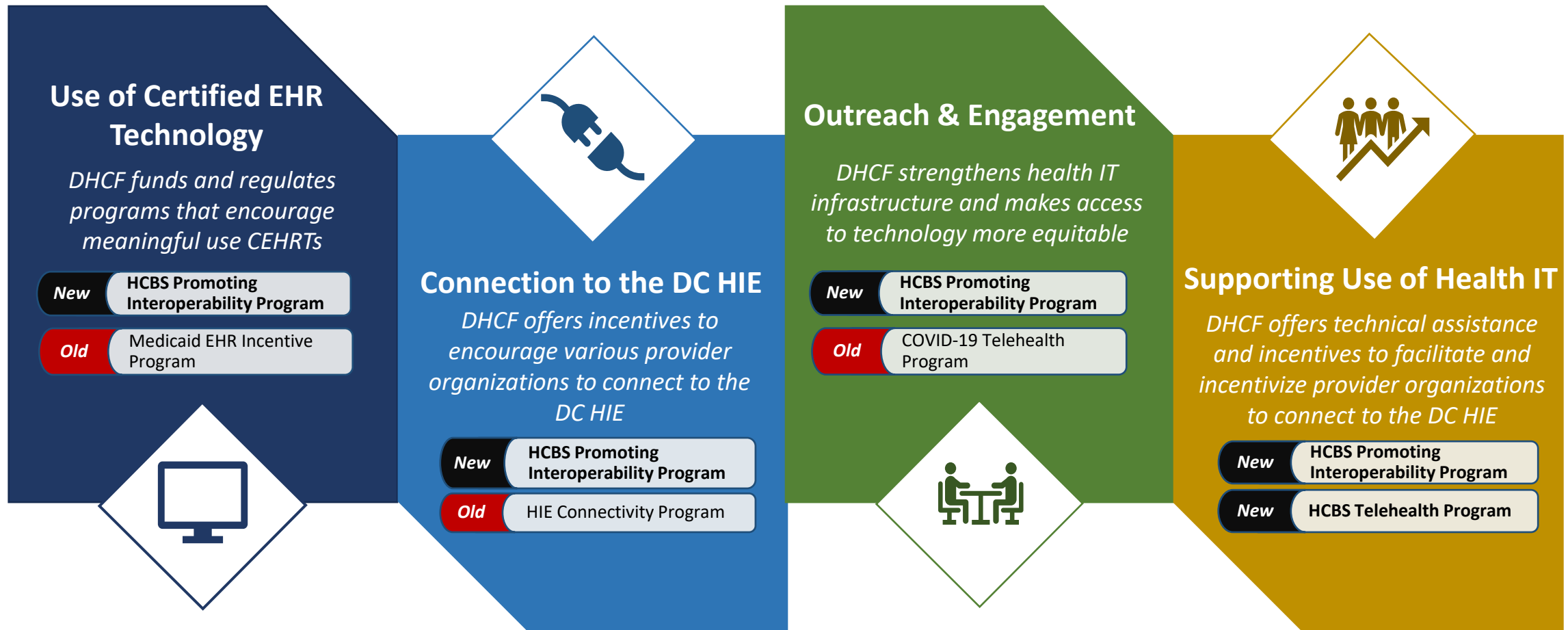
Eduarda Koch
Project Manager
DHCF

Maava Khan
Program Analyst
DHCF

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

Today's Agenda

- Digital Health TA Program Overview

- Meet the HCBS Digital Health TA Team

- HCBS PI Program Incentive Updates

- HCBS PI Program Participation by Cohort

- Announcement: HCBS PI Program Changes!

- What to Expect Next?

- Questions?

Digital Health Outreach and Technical Assistance

Use of Certified EHR Technology

DHCF funds and regulates programs that encourage meaningful use CEHRTs

| New | HCBS Promoting Interoperability Program |
| Old | Medicaid EHR Incentive Program |

Connection to the DC HIE

DHCF offers incentives to encourage various provider organizations to connect to the DC HIE

| New | HCBS Promoting Interoperability Program |
| Old | HIE Connectivity Program |

Outreach & Engagement

DHCF strengthens health IT infrastructure and makes access to technology more equitable

| New | HCBS Promoting Interoperability Program |
| Old | COVID-19 Telehealth Program |

Supporting Use of Health IT

DHCF offers technical assistance and incentives to facilitate and incentivize provider organizations to connect to the DC HIE

| New | HCBS Promoting Interoperability Program |
| New | HCBS Telehealth Program |

Digital Health Outreach and TA programs support a more integrated and accessible person-centered system in the District

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

PI TA Lead for ASARS, DDS, LTSS & HSS providers

PI TA Lead for MHRS providers

PI TA Lead for HIE Integration
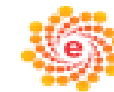
TA Lead for Telehealth Services

HCBS PI Program Participation Based on Provider Cohort

Mental Health Rehabilitation Services (MHRS)

42 Organizations

54%

Adult Substance Abuse Rehabilitation Services (ASARS)

12 Organizations

16%

Housing Supportive Services (HSS)

10 Organizations

13%

Long Term Care Services and Supports (LTSS)

9 Organizations

12%

Dept. of Disability Services (DDS)

2 Organizations

5%
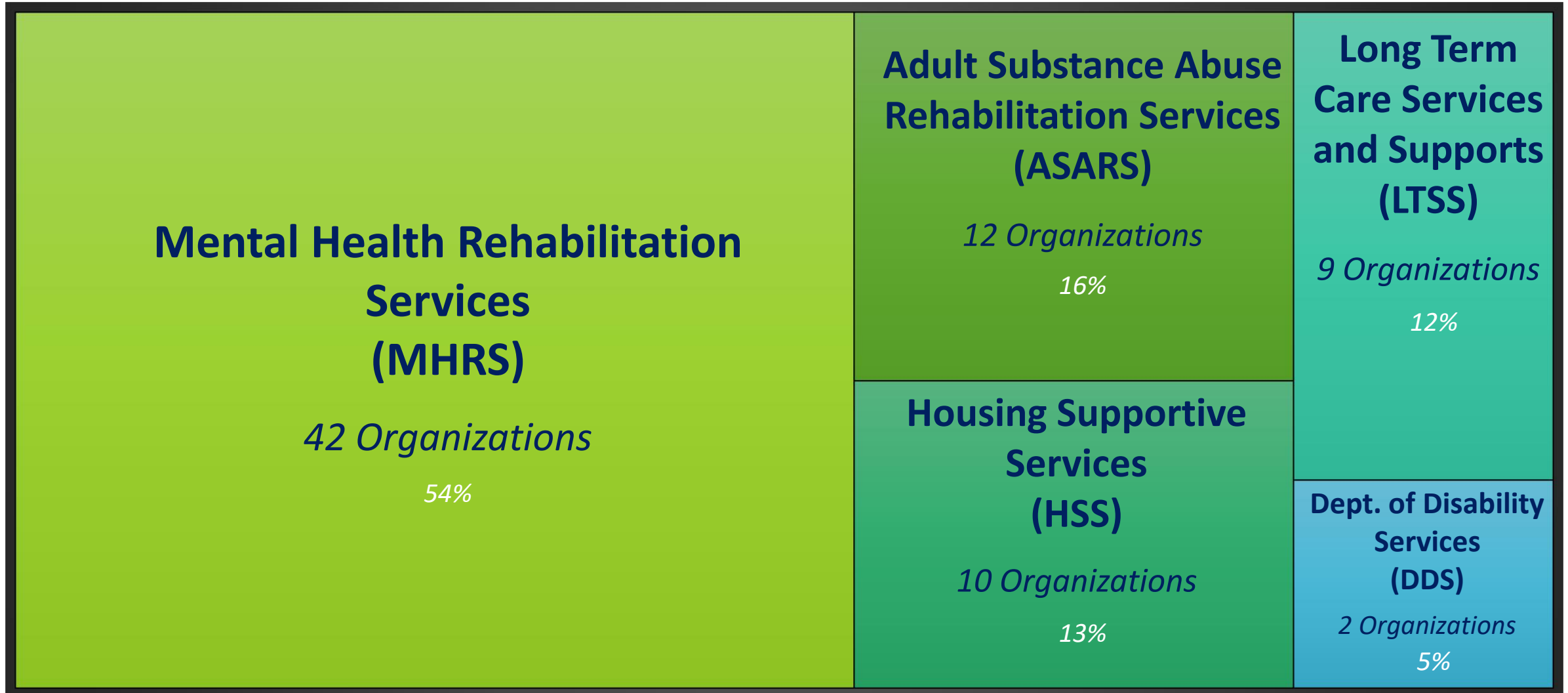
HCBS PI Program Incentive Updates as of 07/11/23

Program Track	Incentive Amount	# of Incentives Received by HCBS POs*
Track 1: Implement a New EHR	Track 1 Total: $58,000	Track 1 Unique POs attesting: 36
Milestone 1.1: Participation Agreement	Milestone 1.1: $2,000	36
Milestone 1.2: Sign scope of services and work plan	Milestone 1.2: $2,000	33
Milestone 1.3: New technology purchase	Milestone 1.3: $22,500	25
Milestone 1.4: Complete technology go-live and training	Milestone 1.4: $21,500	-
Milestone 1.5: Connect to CRISP and send encounter data to DC HIE	Milestone 1.5: $5,000	-
Milestone 1.6: Connect to CRISP and send clinical notes to DC HIE	Milestone 1.6: $5,000	-
	Track 1 Total Distributed Incentives	$700,500
Track 2: Upgrade an Existing EHR	Track 2 Total: $32,000	Track 2 Unique POs attesting: 11
Milestone 2.1: Participation Agreement	Milestone 2.1: $2,000	11
Milestone 2.2: Sign scope of services and work plan	Milestone 2.2: $2,000	11
Milestone 2.3: Technology upgrade purchase	Milestone 2.3: $8,000	4
Milestone 2.4: Complete technology go-live and training	Milestone 2.4: $10,000	
Milestone 2.5: Connect to CRISP and send encounter data to DC HIE	Milestone 2.5: $5,000	-
Milestone 2.6: Connect to CRISP and send clinical notes to DC HIE	Milestone 2.6: $5,000	
	Track 2 Total Distributed Incentives	$76,000
Track 3: Optimize Existing EHR or Case Management System	Track 3 Total: $25,000	Track 3 Unique POs attesting: 28
Milestone 3.1: Participation Agreement	Milestone 3.1: $2,000	28
Milestone 3.2: Sign scope of services and work plan	Milestone 3.2: $2,000	21
Milestone 3.3: Integration technology purchase	Milestone 3.3: $3,000	10
Milestone 3.4: Complete Integration technology go-live and training	Milestone 3.4: $8,000	-
Milestone 3.5: Connect to CRISP and send encounter data to DC HIE	Milestone 3.5: $5,000	-
Milestone 3.6: Connect to CRISP and send clinical notes to DC HIE	Milestone 3.6: $5,000	-
	Track 3 Total Distributed Incentives	$128,000
	Total $ distributed in incentives to date:	$904,500
	Total # of Unique Provider Orgs participating to date: 75	

PO* = Provider Organization

You Spoke, We Listened – Changes to the HCBS PI Program!

- These changes will help support organizations with EHR implementation, training, and enhancements, while also alleviating HIE connectivity costs.
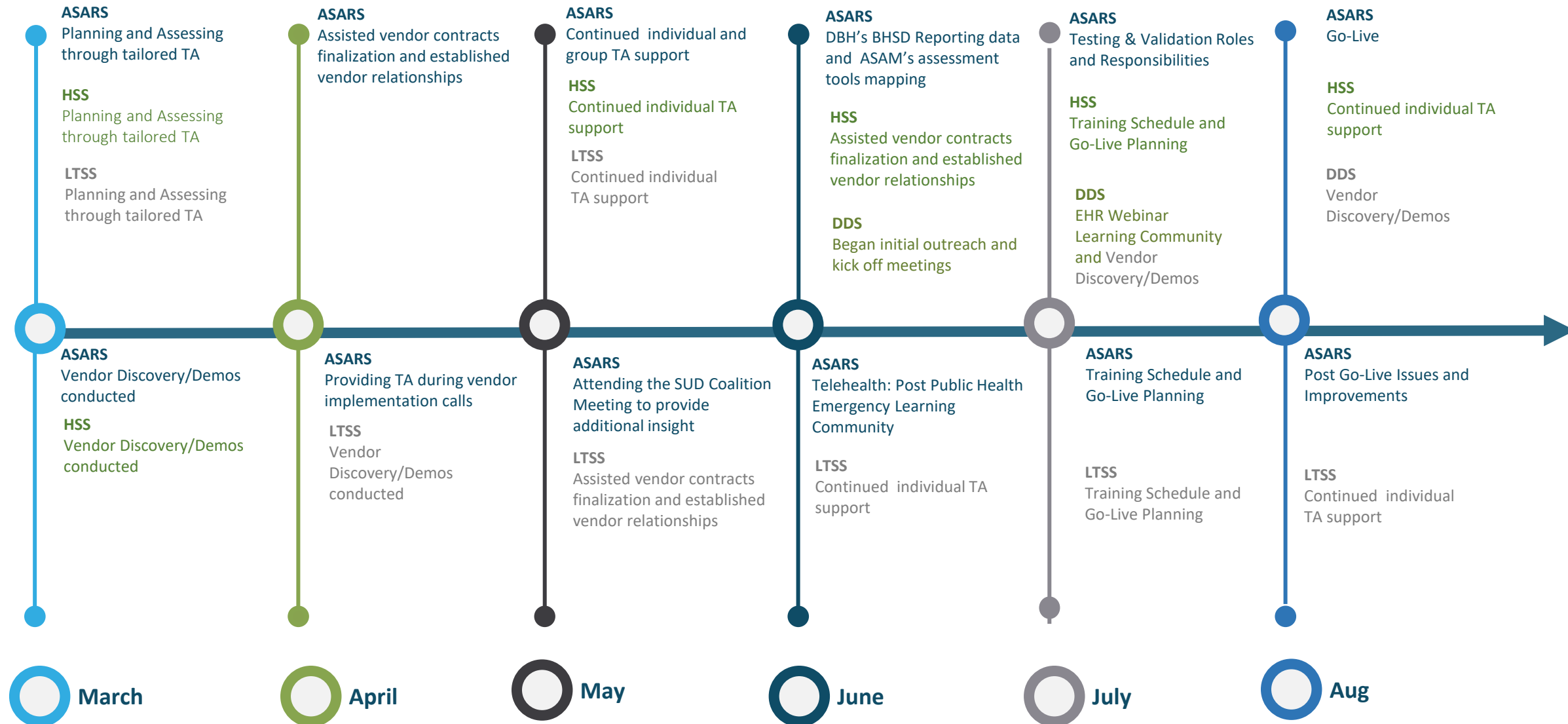
Implementing or Upgrading EHR *Track 1 and 2*	**INCREASE** in amounts for Milestone 4		Optimizing existing system *Track 3*	**NEW Milestone 4** with incentive amount

- Changes will be shared with a flyer!

Learning Communities/Tailored TA for Organizations Providing ASARS, HSS, LTSS & DDS Services

March

ASARS
Planning and Assessing through tailored TA

HSS
Planning and Assessing through tailored TA

LTSS
Planning and Assessing through tailored TA

ASARS
Vendor Discovery/Demos conducted

HSS
Vendor Discovery/Demos conducted

April

ASARS
Assisted vendor contracts finalization and established vendor relationships

ASARS
Providing TA during vendor implementation calls

LTSS
Vendor Discovery/Demos conducted

May

ASARS
Continued individual and group TA support

HSS
Continued individual TA support

LTSS
Continued individual TA support

ASARS
Attending the SUD Coalition Meeting to provide additional insight

LTSS
Assisted vendor contracts finalization and established vendor relationships

June

ASARS
DBH's BHSD Reporting data and ASAM's assessment tools mapping

HSS
Assisted vendor contracts finalization and established vendor relationships

DDS
Began initial outreach and kick off meetings

ASARS
Telehealth: Post Public Health Emergency Learning Community

LTSS
Continued individual TA support

July

ASARS
Testing & Validation Roles and Responsibilities

HSS
Training Schedule and Go-Live Planning

DDS
EHR Webinar Learning Community and Vendor Discovery/Demos

ASARS
Training Schedule and Go-Live Planning

LTSS
Training Schedule and Go-Live Planning

Aug

ASARS
Go-Live

HSS
Continued individual TA support

DDS
Vendor Discovery/Demos

ASARS
Post Go-Live Issues and Improvements

LTSS
Continued individual TA support

What to expect next?

Continued Collaboration with Agency Partners	Continued Delivery of Digital Health TA & Telehealth Support	Continued Education & Provider Engagement
• *CEHRT system upgrades -* support DBH Certified Providers with by Oct 1st deadline • *Workflow and data migration support -* enhance DBH service authorization, referral and reporting requirements • *Regular touchpoints w/ DBH, DHCF/LTCA, DHS, and DDS -* refine provider outreach approaches and TA delivery requirements	• *Tailored TA support to meet provider attestation requirements -* support provider cohorts to successfully meet the Milestones 1 through 6 of their assigned HCBS PI Program tracks • *Telehealth policy, billing, and tools guidance and technical assistance -* facilitate HCBS provider delivery of telehealth services post COVID-19 Public Health Emergency	• *Learning collaboratives and educational sessions* – tailored to each provider cohort's technology needs and requirements • *Bimonthly HCBS Stakeholder Advisory Committee Meetings* – solicit HCBS provider and DC regulatory agency feedback

Contact information

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Upcoming HIE Policy Board Meeting – In-person!

- **Date and Time**: October 19, 2023 from 3:00 pm to 5:00 pm ET

- **Location**: DHCF Offices, 441 4th Street NW, Room 1107 (11th Floor)

Stay tuned for more information closer to the meeting date!