

DISTRICT OF COLUMBIA  
HEALTH INFORMATION  
EXCHANGE  
POLICY BOARD  
MEETING



January 20, 2022 | 3:00 – 5:00 PM



**THIS MEETING IS BEING RECORDED**



# AGENDA

- **Call to Order**
  - **Virtual Meeting Processes**
  - **Roll Call**
    - **New Board member introduction (Mr. Bryan Harrison, MPP – DMHHS)**
  - **Announcement of Quorum**
  - **HIE Policy Board Announcements**
    - **Health Care Reform and Innovation Administration Director transition**
    - **Open Board seats**
- **Level-set on State Medicaid Health IT Plan review process and special HIE Policy Board meeting on February 3, 2022**
- **Q&A on DHCF Digital Health Ongoing Projects**
- **District Designated HIE Entity – CRISP Report to the Board with demonstration of new CRISP DC Portal**
- **HIE Policy Board Subcommittee Workplan Reports**
  - **Recommendation to the Board on establishing DC Digital Health Core Competencies**
- **Public Comments**
- **Announcements / Next Steps / Adjournment**

# Virtual Meeting Processes

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**To increase engagement, turn on your video**



**Mute your microphone upon entry, and until you're 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**



**Speak up, and speak clearly**



**Voting on a recommendation will require you to say your name followed by either 'aye' 'nay' 'abstain'**

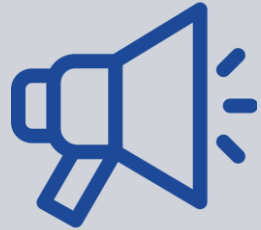


# Roll Call

# Meeting Objectives

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1. Review and answer questions on staff slides related to DHCF Digital Health projects, including an overview of the State Medicaid Health IT Plan update review process.
2. Review and discuss the District Designated HIE Entity's updates to the Board and demo the new CRISP DC Portal
3. Discuss and provide feedback on subcommittee reports and tactics on current activities and projects
4. Review a recommendation to establish DC Digital Health Core Competencies for technical assistance, and conduct a vote on the approval of the recommendation



# HIE Policy Board Announcements

- Health Care Reform and Innovation Administration Director transition (Director Melisa Byrd)
- Three(3) open Board seats (Dr. Connor Ratchford)



# Q&A on DHCF Digital Health Ongoing Projects



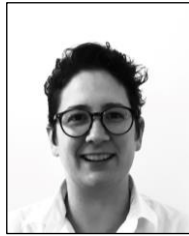
**Nathaniel Curry, BS**  
Analyst



**Nina Jolani, MS**  
Acting Admin Director



**Eduarda Koch, MS,  
MBA**  
Project Manager



**Deniz Soyer,  
MBA, MPH**  
Project Manager



**Ian Dodoo, MHA**  
Acting Division  
Director



**Maava Khan, BSDH,  
MHA**  
HIT Analyst



**Connor Ratchford, MD**  
Policy Analyst

- **Allocated Time: 3:05- 3:45 PM (40 mins.)**

# Digital Health Project Updates, January 2022

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- New staff introduction
- Overview of the State Medicaid Health IT Plan Comment Process
- Q&A on Slides



# New Staff Introductions

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## Maava Khan, BSDH, RDH, MHA

- Position within DHCF: HIT Analyst
- Master's in Health Administration and Policy obtained from George Mason University, Class of 2021
- Bachelor's Degree in Health Sciences: Dental Hygiene obtained from Old Dominion University , Class 2018
- Registered Dental Hygienist specializing in pediatrics since 2018 transitioning into the field of Health IT

# Enhance the Adoption and *Meaningful Use* of Electronic Health Records

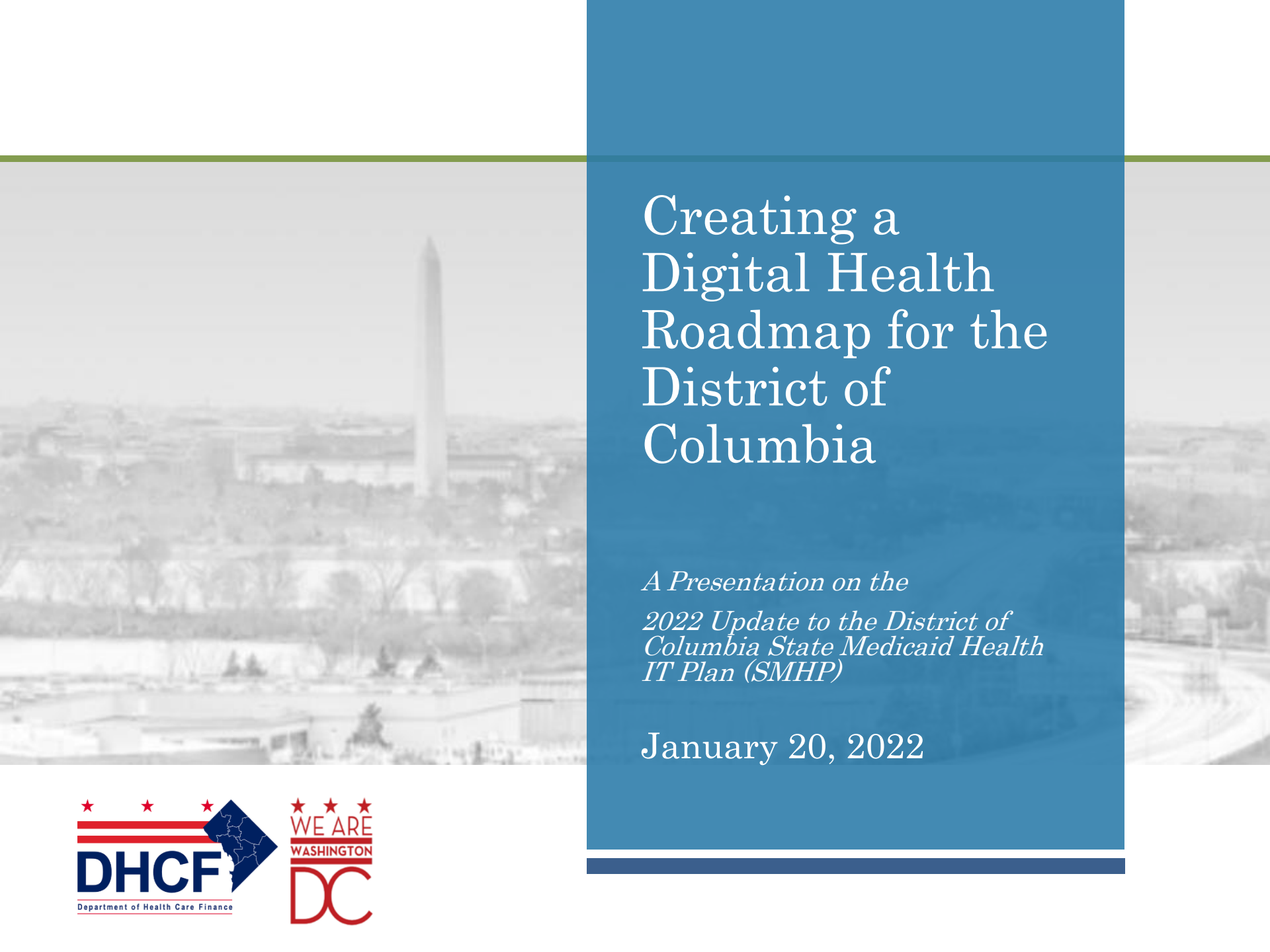
- The Promoting Interoperability (PI) Program is a federally funded program, that incentivizes eligible providers (EPs) and Eligible Hospitals (EHs) who have adopted, implemented, upgraded (AIU), or demonstrated meaningful use (MU) of Certified Electronic Health Record Technology (CEHRT) in ways that aim to improve quality, safety, and effectiveness of patient-centered care. DHCF launched the District’s Medicaid Promoting Interoperability Program in 2013 with targeted Technical Assistance Services to ensure successful program participation. Since inception, provider enrollment has nearly tripled, as have the total amount of distributed incentives.
- Through targeted technical assistance services, including but not limited to support in navigating the cloud-based state-level registry system required for participation purposes and providing knowledgeable program support, **over 200 providers attested for the Program Year 2021.**
- **The final year for participation in the PI Program was Program Year 2021.** No more attestations will be accepted at this time. Thank you for your participation in the program for the past several years!

PI Stage/Program Engagement	# of Eligible Professionals (EP)	# of Eligible Hospitals (EH)
Adopt, Implement or Upgrade (AIU)	264	5
MU	741	10
Total	1005	15



# Overview of State Medicaid Health IT Plan Update Review Process

- **Presenter:** Ms. Deniz Soyer, DHCF



# Creating a Digital Health Roadmap for the District of Columbia

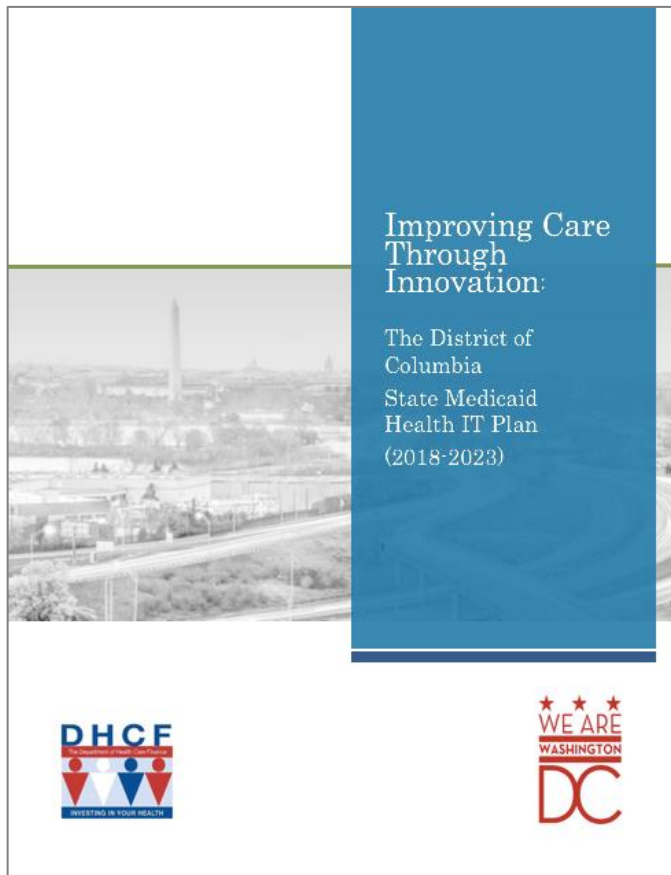
*A Presentation on the  
2022 Update to the District of  
Columbia State Medicaid Health  
IT Plan (SMHP)*

January 20, 2022



# 2018 State Medicaid Health IT Plan has served as DHCF's 5-year strategic plan for Health IT/HIE

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- » Opportunities to Improve Health Care
- » Current Landscape of Health IT and HIE
- » Stakeholder Perspectives and Priorities
- » Health IT and HIE Roadmap
  - District health IT and HIE goals
  - Priority Areas/Use Cases
    - Supporting Transitions of Care
    - Social Determinants of Health
    - Population Health Management
    - Public Health
    - Telehealth
    - Behavioral Health Transformation
  - Proposed projects and timeline
- » Evaluation Framework to Measure Health IT and HIE Improvements

# 2022 SMHP Update Reviews Progress to Date and Sets Future Directions

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- HCRIA worked in partnership with DC Primary Care Association and its subcontractor, John Snow, Inc. (JSI) to gain community feedback on Health IT and HIE investments since 2018:
  1. Conduct 41 interviews and 11 focus groups with stakeholders between June – August 2021.
  2. Gather and analyze quantitative data on HIE utilization patterns.
  3. Develop case studies and recommendations for the 2022 SMHP.

# 2022 SMHP Updates Addresses Several Issues to Set Context

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- Building the DC HIE as a *health data utility* model of regulated public-private partnerships, with a foundation in community governance and regional partnerships
- Establishing and Expanding the DC HIE Network:
  - Finalizing the DC HIE Rule, formally establishing the DC HIE and implementing robust governance policies to regulate the DC HIE partners
  - Expanding the DC HIE network of participating providers
  - Enhancing the design, development and implementation of DC HIE core capabilities (i.e. technical services) for District providers
- Facilitating the use of the DC HIE by multiple partners

## Since 2018, the District has embraced a *health data utility* model for HIE

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- Standards-based, governance led
- Enables health information to flow across diverse electronic health record systems
- Ensures care partners are:
  - Digitally connected to each other
  - Able to view the same information regarding the individuals they collectively serve
  - Using the same “language” regarding symptoms therapies



# DC HIE Demonstrated Substantial Progress to Expand the Network of Participating Providers

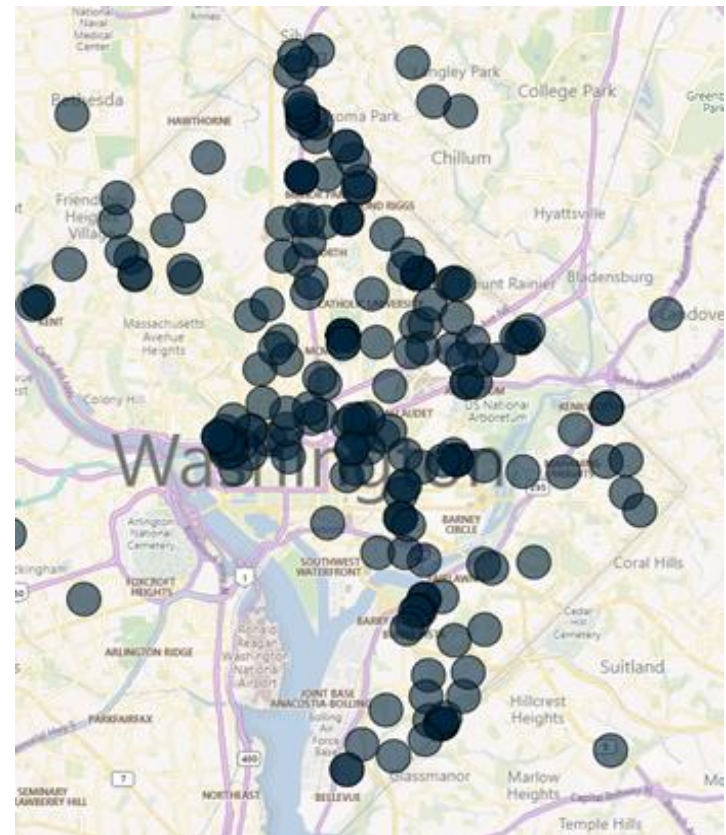
## Today Major Providers and Health Systems are Connected:

- 8 Hospitals (all)
- 36 Long Term Care Facilities, including 15 Nursing Facilities;
- 20 Home Health Providers
- 8 Federally Qualified Health Centers (all)
- 30 Behavioral Health Providers

## DC HIE Use at a Glance (as of October 2021):

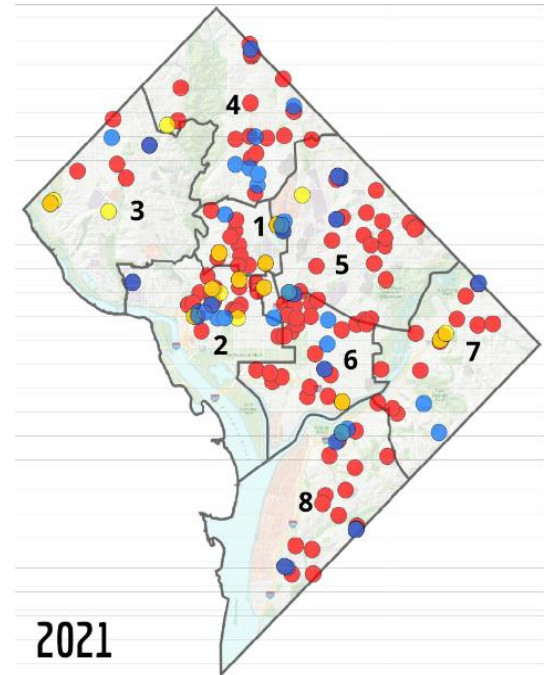
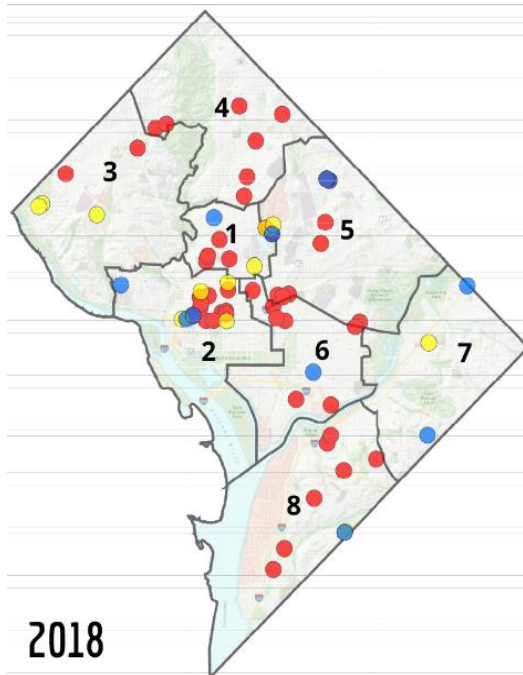
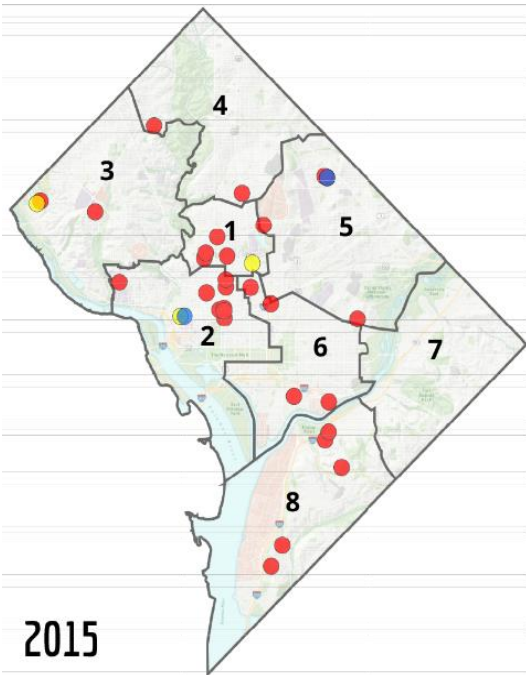
- **12,000+** approved users of the DC HIE
- **Patient Care Snapshot (Monthly Query)**
  - 1,208 users
- **Encounter Notification Services access**
  - 572 locations
- **Sharing Admit, discharge, transfer**
  - ~300 locations
- **Sharing Clinical care documentation**
  - 160+

## DC HIE Connectivity: DC and beyond the borders of the District



# 3 Tiers of Connectivity Reflect Growth of the DC HIE Network and Increasing Sophistication of Use

- **Tier 1** represents organizations that can *receive ENS alerts and use CRISP's Portal*
- **Tier 2** represents organizations that are able to *send ADT data to the DC HIE*
- **Tier 3** represents organizations that can *send clinical data to the DC HIE*.



## 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**.

The DC HIE Registration Application is accepted on a rolling basis

## DISTRICT DESIGNATED HIE ENTITY

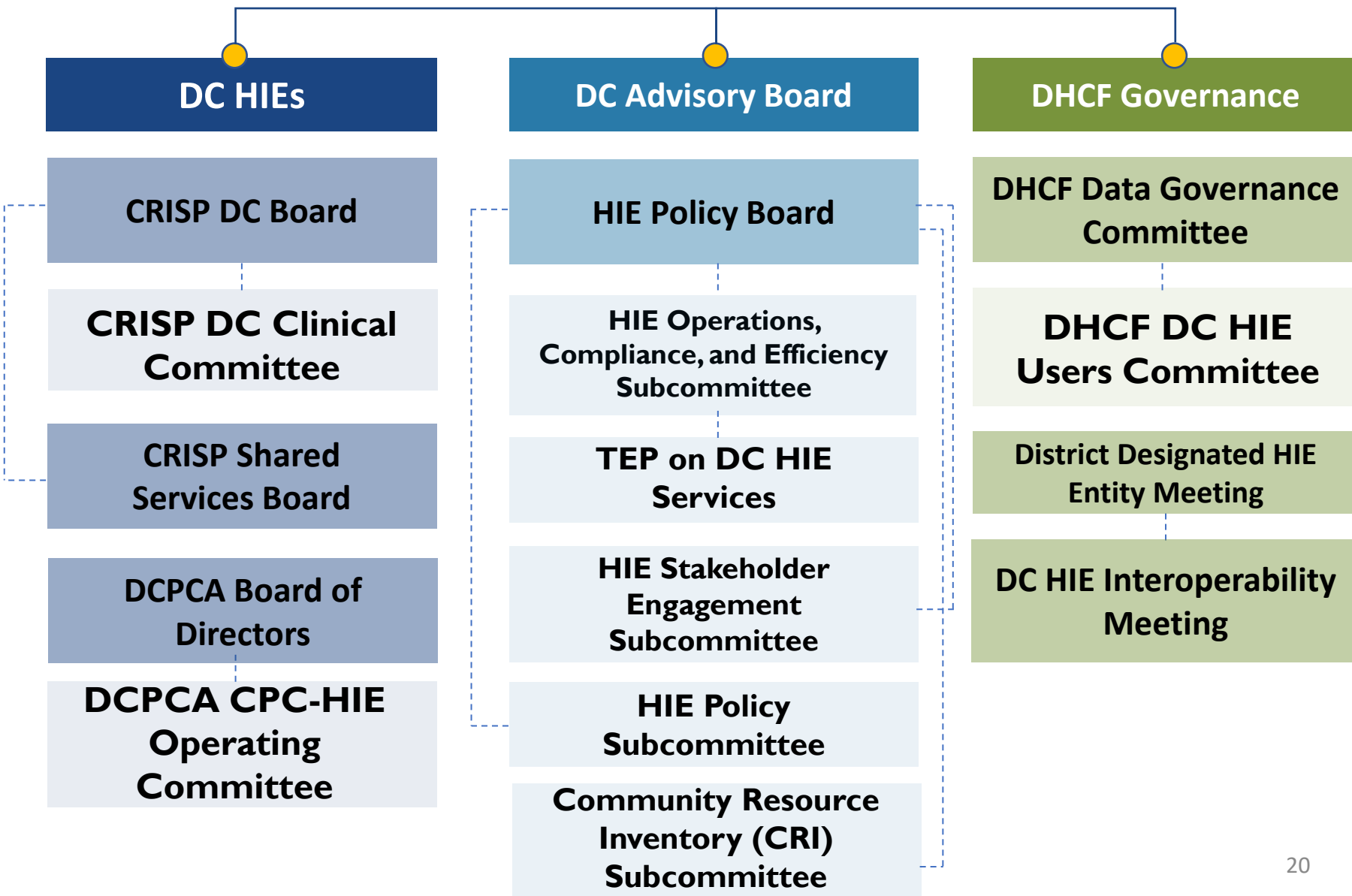


- Is a District Registered HIE Entity that **meets or exceeds the consumer education and auditing requirements** in the DC HIE Rule.
- Is a key partner to DHCF, the District Designated HIE Entity **supports the ongoing maintenance and operation of the DC HIE infrastructure or services**.
- The District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

The DC HIE Designation Application closed September 18, 2019



# REGIONAL HIE REQUIRES MULTI-STATE, MULTI-STAKEHOLDER GOVERNANCE



# Collaborative case studies highlight interagency partnerships to design new DC HIE use cases

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- Department of Energy and Environment (DOEE) Lead Registry
- DC Health's Response to the Covid-19 Pandemic, Lab Reporting and Vaccine Tracker
- Building trusted partnership to enable connectivity and bi-directional exchange among District pediatric providers
- Open-Source eConsent Solution and partnerships enable regional and national technology sharing across state lines and region”

# The DC HIE is a Health Data Utility with Six (6) Reliable Core Capabilities for Providers

**Critical Infrastructure**  
(e.g. Encounters and Alerts)  
**Lookup)**



**eConsent**



**Registries**



**Directory and Secure Messaging**



**Screening and Referral**  
(e.g., SDOH)



**Advanced Analytics for Population Health Management**



**ADT Alerts**

**eConsent Solution**

**Care Management Registry**

**Provider Directory**

**eReferral Screening**

**CRISP DC Reporting Services**



**Health Records**

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

**Advance Directives/ eMOST**

**Community Resource Inventory**

-Mapped screening data for housing and food insecurity  
-eReferral

**Performance Dashboards**



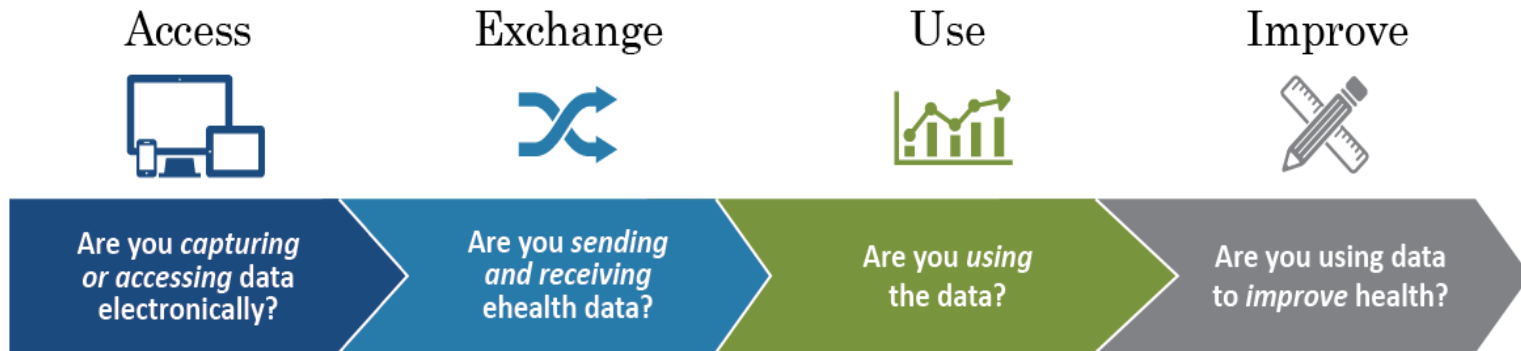
**Patient Snapshot**



**Image Exchange**

# Measuring Progress is Critical to Sustaining HIE in the District

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- DHCF had developed an Evaluation Framework for Health IT and HIE in the 2018 SMHP.
- This Framework and a set of corresponding metrics for each of its four domains was used to assess the District's progress and quantitatively evaluate health IT and HIE improvements.

# DC HIE is now a stable, sustainable network, with committed partners and tools that are widely adopted across the care continuum

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- Investments in connectivity outreach, engagement, and technical assistance supported growth in DC HIE participation.
- Implementation of Single Sign On and the CRISP App Streamlined Access to DC HIE Tools.
- Nearly all Medicaid beneficiaries today have a provider who is sending and receiving data through the DC HIE.
- CoRIE Project expanded sending, receiving, and exchanging capabilities to include Community Based Organizations.



# Investment in DC HIE infrastructure and TA have improved access, but challenges remain on use

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- Some health system stakeholder needs require additional focus.
- Need for greater standardization and timeliness of data flowing into the DC HIE from participating providers.
- More education, training, and technical assistance to promote the use of the DC HIE.
- Need for greater financial support to ensure that providers, particularly small/under resourced, have the tools and knowledge to participate in the DC HIE.

# Recommendations

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1. Develop and publish a bi-annual evaluation and strategic plan, including metrics to effectively assess digital health impact.
2. Broaden and deepen investment in the DC HIE to address gaps and build digital health capacity.
3. Invest in District-wide population health management analytics, including access to priority data
4. Engage CBOs and facilitate partnership with clinical providers to expand access and use of social needs information thru the DC HIE.

# Recommendations Continued

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5. Enhance the DC HIE consumer experience, for both providers and patients.
6. Improve marketing 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

# Your comments and feedback are necessary to ensure that the draft...

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- Clearly describes the establishment and expansion of the DC HIE Network, including:
  - Finalizing the DC HIE Rule, formally establishing the DC HIE and implementing robust governance policies to regulate the DC HIE partners
  - Expanding the DC HIE network of participating providers
  - Enhancing the design, development, and implementation of DC HIE core capabilities (i.e., technical services) for District providers
- Clearly describes the DC HIE as a health data utility model of regulated public-private partnerships, with a foundation in community governance and regional partnerships
- Assesses how the health IT and HIE landscape has changed since the 2018 SMHP
- Ensure that recommendations reflect the needs articulated by stakeholders as well as gaps identified in the Roadmap Evaluation.

# Comment submission and HIEPB Special Session

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- Please use email subject “2022 SMHP Update Comment” when submitting
- Submit your comments to [healthIT@dc.gov](mailto:healthIT@dc.gov) by February 1
- Comments will be reviewed and discussed at the HIE Policy Board’s Special Session on February 3.
  - This will also be an opportunity to share oral feedback on the document during public comment.
  - Comments and discussion will be used to inform revisions to the SMHP 2022 Update that will be published and submitted to CMS in March.

# 2022 SMHP Update Submission Timeline

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Activity	Timeline
Kick-off Public Review Period with HIE Policy Board Members and Stakeholders	January 20, 2022
Written comments to <a href="mailto:healthit@dc.gov">healthit@dc.gov</a> due	February 1, 2022
HIE Policy Board SMHP Special Session	February 3, 2022
2022 SMHP submission due to CMS	March 31, 2022



## District Designated HIE Entity – CRISP Report to the Board

- **Presenter:** Mr. Ryan Bramble, Executive Director, CRISP DC
- **Allocated Time:** 3:45 - 4:00 PM (15 mins.)



# CRISP Report to the DC HIE Policy Board

January 20<sup>th</sup>, 2022

1140 3<sup>rd</sup> St. NE  
Washington, DC 20002  
833.580.4646 | [info@crisphealth.org](mailto:info@crisphealth.org)  
[dc.crisphealth.org](http://dc.crisphealth.org)



# Designation Activities



## Designation Activities

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- New CRISP DC Website will launch this quarter
- CRISP DC working to move any legacy D.C. agreements/contracts with "CRISP Inc" over to "CRISP DC Inc"
- There are openings on the CRISP D.C. Clinical Committee for a practicing behavioral health provider, a pediatrician, and clinical expertise from Long Term Care

# Operational Updates



## \*NEW\* CRISP DC Portal – Replacing the Current ULP

- CRISP has updated the ULP interface
  - The current ULP interface will be sunsetting in the Spring
- New portal will match the InContext App interface
  - Streamlined experience for all users regardless of how they access the HIE
- Phased roll out of new portal
  - Roll out of new portal to be completed by March 31, 2021
    - CRISP DC will be segmenting the roll out into 4 different groupings to make sure that we can provide adequate support to each organization through the transition
  - CRISP DC Outreach staff will be working with organizations directly for training and onboarding to the new portal
    - Onboarding includes:
      - User Guide
      - Virtual Training(s)
      - Recorded Demo/Trainings
      - Account Manager support as needed per organization
  - New portal is currently live with DHCF and DCPCA

Demonstration of new CRISP Portal



## HIE Policy Board Subcommittee Reports

**Presenter:** Subcommittee Chairs

**Allocated Time:** 4:00 - 4:45 PM (45 mins.)

# General Subcommittee Announcements and Actions

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- Open subcommittee Chair and Co-Chair positions
  - Operations, Compliance, and Efficiency Subcommittee (Chair—must be member of the HIE Policy Board)
  - Stakeholder Engagement Subcommittee (Co-Chair—need not be a member of the HIE Policy Board)
- **Board Action:** Motion to appoint Ms. Jill DeGraff, JD, as Co-Chair of the Policy Subcommittee

# HIE Stakeholder Engagement Subcommittee Recommendation – Goal, Activity, and Problem Statement

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## **Goal**

Make a recommendation to establish a list of minimum core competencies which will align DHCF's current and future digital health technical assistance efforts in the District with guidance from the priorities set forth in the DC State Medicaid Health IT Plan (SMHP) and will promote digital health literacy and effective use of health IT among Medicaid providers and beneficiaries in the District.

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## **Activity**

Draft recommendation to the HIE Policy Board on a list of minimum core competencies for DHCF's current and future digital health technical assistance efforts in the District.

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## **Problem Statement**

As several technical assistance and outreach programs that support the health IT/exchange needs of Medicaid providers in the District have come to a close at the end of FY21, many new opportunities arise to improve the uptake and use of digital health resources from a patient-centered approach.

Expanded access to electronic health records with tools such as patient portals, telehealth, eConsent and advance directives is designed to allow beneficiaries, patients, and their caregivers to express their preferences for information sharing and care delivery. Implementing these new approaches to collecting patient preferences will also require education and training in the form of community-led technical assistance efforts to ensure these tools are most effectively used to promote patient-centered care. The Stakeholder Engagement subcommittee of the DC HIE Policy Board proposes a set of minimum DC digital health core competencies to address the growing need for technical assistance to promote beneficiary and patient autonomy, privacy and security, and health literacy.



# Competency #1: Digital Health Proficiency to Support Patient-Centered Care

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## I. Health Information Exchange (HIE)

- a. Understand the function and structure of the DC Health Information Exchange.
- b. Identify benefits/risks of HIE for patients, providers, and government.
- c. Understand how DC HIE “use cases” are developed, governed, and integrated into workflow and patient interactions.
- d. Develop awareness of local and regional HIE entities, and national networks.

## II. Electronic health records (EHR) systems

- a. Acquire knowledge of elements of a typical EHR system.
- b. Describe common and distinguishing functionalities of ONC-certified EHR systems.
- c. Describe the EHR functionality of messaging among different vendor systems.
- d. Describe the procedures for practice management supported by EHR vendor systems as well as current billing code systems.
- e. Have awareness of current industry data interoperability standards.
- f. Acquire proficiency with the setup and use of common patient portals and secure messaging.
- g. Understand the EHRs’ ability, in accordance with applicable law and practice, to electronically submit public health data to the District’s public health agency (DC Health) in a meaningful way.

## III. Telehealth

- a. Understand the purpose of utilizing telehealth modalities in patient care, and the regulatory structure of telehealth in the District.
- b. Understand approaches and reimbursement of telehealth and remote patient monitoring.
- c. Acquire proficiency with the setup and use of common patient portals, secure messaging, video conferencing, and mobile health apps.
- d. Understand how to deliver targeted assistance to implement telehealth and support the continued adoption efforts of digital health tools.
- e. Evaluate the differing needs to providing telehealth modalities to two groups of stakeholders: 1) providers and office staff and 2) patients and caregivers.

# Competency #2: Health and Health System Knowledge

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## I. Social determinants of health (SDOH) and related health disparities

- a. Define and explain 'social determinants of health' and the concept of health disparities and inequities.
- b. Analyze how the environment and personal health are interrelated and how specific factors (determinants) contribute to health disparities.
- c. Identify groups that are most affected by health disparities.
- d. Evaluate how health disparities impact people in the local community (school, town, etc.) and at a national level.
- e. Describe the roles that access to, knowledge of, and confidence in the use of digital health tools play as social determinants of health.

## II. Privacy and security of health data

- a. Define and discern the differences between privacy, confidentiality, and security.
- b. Discuss methods for using digital health tools to protect privacy and confidentiality.
- c. Describe and apply privacy, confidentiality, and security under the tenets of HIPAA Privacy and Security rules, as well as more restrictive federal, state, and local privacy and security policies (e.g., 42 CFR Part 2, DC Mental Health Information Act, etc.).
- d. Discuss the intersection of a patient's right to privacy with the need to share and exchange patient information.

## III. Health literacy/health behavior and behavior change

- a. Describe an overview of the current state of patient engagement and policy goals for the future.
- b. Discuss best practices for behavior change interventions.
- c. Compare behavior change models (e.g. Health Behavior Model, Transtheoretical/Stages of Change Model, Theory of Reasoned Action/Theory of Planned Behavior, Chronic Care Model, etc.).
- d. Design individual behavior change interventions.
- e. Promote and evaluate behavior change.

## IV. Value-based care

- a. Describe in general terms the features of the fee-for-service health care system and outline why this payment model is changing.
- b. Describe the overall value and goals of value-based care from various stakeholder perspectives.
- c. Discuss the types of digital health that support value-based care.
- d. Define care management and explain why it is central to value-based care.
- e. Discuss how digital health can be used to support appropriate care and decrease waste/overutilization.
- f. Identify the characteristics and categories of quality metrics and how they are calculated.

# Competency #3: Leadership and Management Skills

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## I. Process change implementation and evaluation

- a. Understand principles of quality improvement, including knowledge of Plan-Do-Study-Act (PDSA) cycles and patient safety.
- b. Propose strategies to gain acceptance of changes in work processes, including patient interactions.
- c. Develop a process change implementation plan for a health care facility that includes tasks to be accomplished, responsible parties for tasks, a timeline, and the human and material resources needed.
- d. Outline elements of an evaluation plan that will help determine the success of a workflow process change implemented in a health care facility.
- e. Describe how the workflow analyst can help a health care facility continually improve its workflow processes, based on results of ongoing evaluations.

## II. Customer service

- a. Identify ethical and cultural issues related to communication and customer service in the health care setting.
- b. Describe the different facets of digital health customer service.
- c. Identify digital health customers and stakeholders.
- d. Identify digital health customer and stakeholder needs based on roles and context.

## III. Effective communication and relationship building

- a. Explain the purpose and goals of professional communication.
- b. Discuss the characteristics of effective and ineffective communication.
- c. Identify communication needs of common roles in health care.
- d. Explain the importance, elements, and processes of patient-physician communication.
- e. Explain the importance of interpretation and translation services and assistive communication devices, as well as how to access them.

## IV. Cultural responsiveness

- a. Identify different dimensions of diversity.
- b. Discuss the value of diversity.
- c. Describe ways to promote an inclusive work and patient care environment.
- d. Identify common cross-cultural differences.
- e. Describe ways to communicate effectively with individuals with disabilities.
- f. Discuss key elements of cultural responsiveness in health care.

# Recommendation for Board Action

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## **Board Actions:**

- The Stakeholder Engagement subcommittee proposes that the DC HIE Policy Board approve the establishment of DC digital health core competencies, pending feedback from the Board that is provided prior to and during the January 20, 2022 quarterly meeting. Additionally, the Board recommends that the function of updating the list of sub-competencies will become the responsibility of the HIE Stakeholder Engagement Subcommittee.
- Furthermore, the Board recommends that DHCF require all DHCF funded digital health technical assistance programs to implement relevant elements of the core competencies as one component of program goals. The funding recipients will coordinate with DHCF to determine which elements are applicable to their respective programs. DHCF will be expected to provide an update on the implementation of the recommendations at the April 28, 2022 HIE Policy Board meeting.

# HIE Operations, Compliance, and Efficiency Subcommittee – Update on Transitions of Care Information Exchange

## HIE Policy Board: Recommended Elements

### Phase 1 – Elements Implemented

Discharge Diagnosis

Reason for Visit

Laboratory Results

Immunizations

COVID-19

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

Discharge Medications

Medication Allergies

Discharge Appointment

Vital Signs

All elements require CCDA Parsing

### Future Phase

Plan of Care

Requires CCDA Parsing and Document Construction

Procedure Notes

Require Hospitals to Identify Most Relevant Notes

Consult Notes

Elements are mostly HL7

### Elements on Hold

Point of Contact

Summary of Care

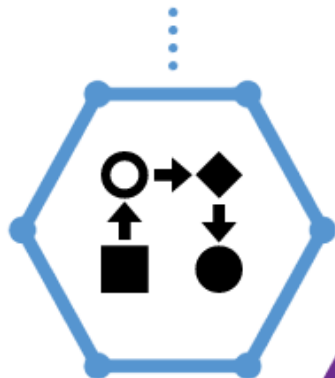
Replaced Goals Progress

# HIE Operations, Compliance, and Efficiency Subcommittee – Update on Transitions of Care Information Exchange

## Timeline

**November - December 2021**

Hold gap analysis and workflow input sessions with stakeholders



**January - March 2022**

Design and complete pilot intervention #1



**April - May 2022**

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



**June - July 2022**

Complete pilot intervention #2



**August - September 2022**

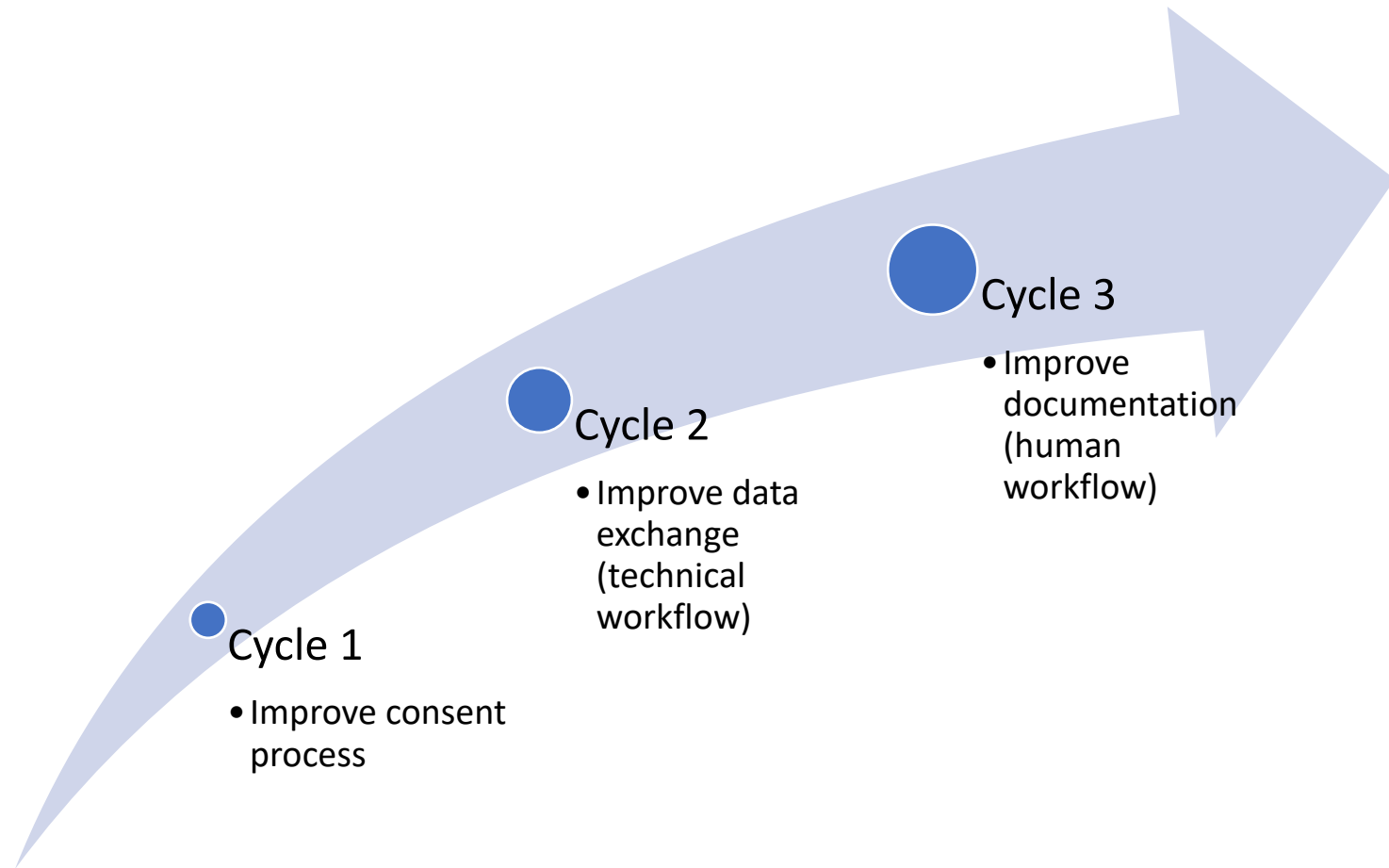
Evaluate pilot intervention #2 and finalize report of findings



# HIE Operations, Compliance, and Efficiency Subcommittee – Update on Transitions of Care Information Exchange

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## Improvement Cycles



# HIE Operations, Compliance, and Efficiency Subcommittee – Update on Transitions of Care Information Exchange

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## Readmissions Dashboard Feedback

- **Interested Audiences**

- Quality
- Operations
- C-suite
- Care Coordinators/Social Work
- Providers

- **Comment themes**

- Deeper level of detail than they have now across hospitals and providers
- Interest in patients on observation status
- Not sole source, but would be helpful additional source of information



# Policy Subcommittee

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## Assessment of Secondary Use Checklist Responses by DC HIE entities and Next Steps in further Defining Secondary Use for the District

- Cross-cutting workgroup with representation from both Policy and OCE Subcommittees to develop DHCF policy regarding the secondary use of HIE data
- Objective: To examine the responses from the DC HIE entities to the *DC HIE Self-Assessment Checklist on Secondary Use Cases* and proceed with the following action items:
  - Define a use case for data exchange that a Registered DC HIE currently supports (or plans to support) but which is not yet a Primary Use under the DC HIE Regulation.
  - Confirm that the use case is permitted under HIPAA and applicable state law.
  - Define the policy objective that could be advanced by the use case.
  - Confirm whether an individual's affirmative explicit consent is required to support the use case.
  - Determine which stakeholders (e.g. individual DC agencies, Medicaid MCOs, etc.) should be consulted to give input about the proposed use case.

# HIE Community Resource Inventory (CRI) Subcommittee

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- **Chair:** Ms. Luizilda de Oliveira **Vice Chair:** 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.

# CRI Subcommittee Updates

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- The CRI Subcommittee is currently reviewing recommendations from the DC PACT CRI Action Team regarding standards related to the use, exchange, sustainability, and governance of CRI data through the DC HIE infrastructure. These include recommendations related to:
  - Standardizing resource data terminologies and categories/taxonomies
  - Establishing and evaluating operations related to resource data provision
  - Facilitating a cooperative resource data management process
  - Prospective models for governance, financial and operational sustainability of the CRI infrastructure
  - Policy levers that can promote and support the operations of the CRI
- Once the CRI Subcommittee completes its review of the CRI Action Team's recommendations, the Subcommittee will compile all of its recommendations and draft corresponding rationales before presenting to the full HIE Policy Board.
- Upcoming subcommittee meetings:
  - January 13<sup>th</sup>
  - February 10<sup>th</sup>
  - March 10<sup>th</sup>
  - April 14<sup>th</sup>



# Public Comments

- **Allocated Time:** 4:45-4:55 PM (10 mins.)



# Announcements/ Next Steps/ Adjournment

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

DC HIE Policy Board Special Meeting – February 3, 2022  
DC HIE Policy Board Quarterly Meeting – April 28, 2022