



District of Columbia Health Information Exchange Policy Board
Monthly Meeting Minutes

May 15, 2013
2:00 p.m. – 4:00 p.m.

Members present (11): James K. Costello, Angela Diop, N.D., Douglas M. Garland, Jr., MS, PharmD, Brian R. Jacobs, M.D., Barry Lewis, M.D., Sonia Nagda, M.D., Tony Pillai, Raymond Tu, M.D., Robert B. Vowels, M.D., Arturo Weldon, and Cleveland Woodson.

Members present via teleconference (3): Jamal Chappelle, Julius W. Hobson, Jr., and Brenda King, R.N.

Members absent (7): Barbara Bazron, Ph.D., Victor Freeman, M.D, Bernie Galla, R.N., Marina Havan, Wayne McOwen, Robin C. Newton, M.D., and Machelie Yingling Schraeder.

DC-HIE Staff present (5): Alessandra Klug, Esq., LaRah Payne, ScD, MPH, James Rachlin, Michael Tietjen, and Carmelita White.

Guests present – District Government (2): Linda Elam, Ph.D., MPH (DHCF), Howard Liebers (DHCF), and Sheryl Johnson (DHCF)

Guests present – Public (2): Ramesh Balakrishnan (Thrasys) and Alan Watson (HIT Consultant)

TOPIC	DISCUSSION
Call to Order	Cleveland Woodson (Chair) called the meeting to order at 2:05 pm. Carmelita White (Staff Assistant) recorded the minutes. A quorum of board members were present, and the meeting, having been duly convened, was ready to proceed with business.
Approval of Minutes	Mr. Woodson presented to the Board the minutes of the April 17, 2013, meeting for approval, whereupon a motion was duly made, seconded and unanimously adopted. The minutes were approved as presented. A copy of the minutes will be made available on the DC HIE webpage.
HIE Consent Models; DC HIE Next Phase	Mr. Woodson presented to the Board, for review, the George Washington University-produced ONC White Paper on Consent Models. He stated that the Board would have to decide which model to apply to the DC HIE. Mr. Woodson also indicated that in order for the recommendation to go forward, it would have to go through the Executive Office of the Mayor, Office of the Deputy Mayor for Health and Human Services. Mr. Woodson recommended that the District become an Opt Out State. Maryland is an Opt Out state. He stated that it is easier for states that share consent models to partner with one another. He explained that since the District shares more patients with Maryland than they do with Virginia, which is an Opt In state,

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	<p>he believes that it makes more sense for the District's HIE to be an Opt Out state.</p> <p>Dr. Brian Jacobs stated that he agreed with the Opt Out model. He explained that Children's National Medical Center (CNMC) operates as an Opt Out consent model provider. CNMC has an Opt Out language incorporated into their patient consent form. CNMC has been using this form for three (3) years in the Children's IQ Network, and it has worked quite well. The Opt Out rate is 3% right now. He further explained that there are a couple of side issues that may have to be addressed when considering Opt Out vs. Opt In. One is how long consent is good for, and you have to obtain consent again if consent expires.</p> <p>Dr. Jacobs also stated that the other thing he liked about the Opt Out Model is that it is consistent with what was set up in the DC RHIO. Opt Out has become a favorable model, and which providers and patients have adopted.</p> <p>Mr. Woodson asked if Dr. Jacobs found it easier to assemble a critical mass of patient information via Opt Out vs. Opt In. Dr. Jacobs answered yes. Dr. Jacobs also stated that he can speak for some of his colleagues from around the country who have taken the opposite approach. He explained that there is a fairly significant ramp up time to get your core group of people opted in. You are not able to backload a lot of information because you have to wait for the next visit, or the next contact to be able to approach that patient or their family to ask them to opt in.</p> <p>Dr. Jacobs said that the only other thing about an Opt Out Model is that you will have to be a little bit more vigilant about supplying the information, and notification to patients and families at all venues of care, so that no matter where they go in the system, they are exposed to the idea that their information will be shared. But also that they have an option to not share if they wish, and if they want to not share they have to opt out.</p> <p>There was additional extensive discussion regarding the Opt Out model, including how to manage it, what forms to use, the administrative burden, etc.</p>

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	<p>Mr. Woodson stated that he would write a one-pager regarding the Board's decision to adopt the Opt Out Model for review and approval by Tina Curtis, the District's Privacy/Security Officer, Sheryl Johnson, DHCF's General Counsel, and Dr. LaRah Payne, DHCF's Privacy Officer.</p> <p>Dr. Sonia Nagda stated that she would speak to the Office of Policy and Legislative Affairs to have their legal team review.</p> <p>Ms. Johnson advised that the Board be very specific as to what is being requested for the appropriate entities to approve or give advice on. Ensure to give them enough content so that they can understand exactly what is being requested regarding the Opt Out Model.</p> <p>Mr. Woodson stated that the document will be forwarded to the appropriate entities of the District of Columbia Government to ensure that the District is protected and that all of the different stakeholders have had the opportunity to vet and review.</p> <p>A motion was duly made, properly seconded, and the Opt Out Model was adopted.</p>
<p>DC HIE Partnership with CRISP</p>	<p>Mr. Woodson reported that the DC HIE Program Management Team had a discussion with ONC, our regulator, around the time when we turned in our phase 1-2 document that the Board helped us prepare. We called to follow-up to see if they had any questions about our proposed partnership with the Department of Health (DOH), and us leveraging the technology investments that we had in place with Orion Health. ONC said they were inclined to disapprove DC HIE's plan to procure advanced HIE services from Orion Health.</p> <p>Mr. Woodson also stated that he shared with ONC that it was brought up to the Board a proposal to partner with CRISP months ago. It was the intent of our Board not to subsidize CRISPs HIE infrastructure but rather to build our own. ONC stated that they are encouraging DC HIE to partner with a state designated HIE or an HIE that is already in operation. They mentioned Maryland and Delaware as possible options.</p> <p>Mr. Woodson announced that DHCF has a new contracting officer in place. He stated that it could be that we will have to competitively bid anything, whether going with Orion Health, Maryland's CRISP, or</p>

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Delaware's DHIN.	<p>He stated that the Board will have to decide as an HIE and also as an agency, whether or not we want to challenge ONC's decision and advocate for going forward with Orion Health and explaining to them the rationale again of why we would like to do that; or, do we start to have discussions about how we have a partnership with a state HIE?</p> <p>Dr. Walter Faggett asked if a written denial has been provided by ONC. Mr. Woodson stated that ONC has not provided an official denial.</p> <p>Mr. Woodson stated that the DC HIE has a sustainability RFP that was started in November 2012. He reported that it still has not been awarded. The firm was selected to do the work, but the contract has not been awarded. The vendor has some issues with District agencies that must be resolved before the contract can be awarded. This RFP was budgeted at \$200,000 and is related to a contractor developing a revised strategic, operating and sustainability plan for DC HIE.</p> <p>Mr. Woodson stated that he will call a special board meeting later this month to continue the discussion on the procurement processes that our contracting officer has advised for us to go forward.</p> <p>Mr. Woodson also agreed to get a copy of Wyoming's contract with Nebraska and share it with the Board to take a look at it to maybe use some of the lessons learned there to structure DC HIE's partnership with DHIN or CRISP.</p>
Direct/HIE Marketing Strategies	<p>Mr. Woodson reported that ONC asked the DC HIE to provide a gap analysis related to public health. What is meaningful use stage 2, and how does CRISP, DHIN, Orion Health, or CCIN get us to that point? What are our gaps? What information is DOH getting right now from the hospitals and labs? How can our HIE help them out? ONC expects the HIE team to develop a high level plan and gap analysis by May 31, 2013.</p> <p>Michael Tiejien reported that ONC asked us to do some gap analysis and mapping to find out if we have any gaps in meeting stage 2 meaningful use public health measures. Mr. Tiejien stated that he has</p>

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	<p>established what the measures and objectives are for stage 2 to meet meaningful use. He and James Rachlin will be meeting with Arturo Weldon to talk about what the capabilities are currently with Rhapsody. This is one of the things that ONC indicated that we will be allowed to spend some of the grant funds on if there is any gap there. If we need to expand Rhapsody, for example, to enable some of the stage 2 meaningful use.</p> <p>James Rachlin reported that ONC mentioned that DOH is getting feeds on immunizations and labs and syndromic surveillance from the hospitals. However, some of the smaller practices and individual providers are not sending those feeds in. According to ONC, there are ways that those smaller group practices and individual providers can attest and achieve meaningful use stage 2 by using Direct to send in that information. Mr. Rachlin stated that the hospitals have sophisticated systems to send in via HL7 to Orion's Rhapsody that information. But, there are ways that smaller practices can use Direct to do this. DC HIE would register those providers on our Direct, and they can start reporting public health requirements. He conveyed to the Board that this is one of the things ONC wants the DC HIE to market Direct with, to the smaller providers. Providers will be able to get meaningful use grant funds if they use Direct to send in that data to DOH.</p> <p>Mr. Rachlin asked Mr. Weldon what were the meaningful use stage 2 requirements. Mr. Weldon stated that the hospitals have one set of criteria for meaningful use stage 2 related to immunization, electronic lab reporting, syndromic surveillance, and it must be ongoing reporting. The professional providers (clinics, individual providers, etc.), are only required to do immunization. Then, they can also do other menu items, like cancer registry.</p> <p><u>Marketing Strategies:</u></p> <p>Mr. Woodson reminded the Board of the discussion regarding using grant funds to issue a \$250 rebate to clinicians who signed up for Direct and sent or received five (5) messages. ONC thought that this was a great plan, as well as the Board. There are some internal things that have to be done before this can be done. Rules have to be published before this can be done, so we are working with the policy office to publish the rules for this, and the appeals process if someone has not been issued a rebate, and would like to appeal the decision.</p>

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<p>New Business; Subcommittee Reports</p>	<p>Mr. Woodson also reported that the DC HIE Program Management Office (PMO) is looking to partner with the REC to be the boots on the ground to assist in getting clinicians signed up for Direct. A modification to the Orion Health contract is in process. This modification has been budgeted at \$50,000. A partnership with the REC would be beneficial because they know who and where the providers are.</p> <p><u>New Business</u></p> <p><u>Board Appointment:</u> Congratulations to Tony Pillai who has officially been appointed to the DC HIE Policy Board as a representative of the Office of the Chief Technology Officer (OCTO).</p> <p><u>Subcommittee Reports:</u></p> <p>Governance Subcommittee: No Report.</p> <p>Finance Subcommittee: Michel Tietjen reported that he and Jamal Chappelle, subcommittee chair, had a conference call in which Mr. Tietjen updated Mr. Chappelle on ONC's Phase 2 denial.</p> <p>Technical Infrastructure Subcommittee: Mr. Woodson stated that this report has already been covered. He stated that we will try to get some bids from other stated designated HIEs. We will also try the appeals route with ONC to see if we can get the Board's intent to partner with Orion Health approved.</p> <p>Business & Technical Operations Subcommittee: No Report.</p> <p>Legal/Policy/Privacy Subcommittee: Mr. Woodson stated that the consent model was the big topic of discussion for this meeting. He stated that a copy of the consent model was provided in the meeting packet. We agreed as a board for our HIE to be Opt Out. Mr. Woodson said that he would provide a one-pager to the legal office and to Tina Curtis, the District's Privacy/Security Officer for review and to sign off on.</p>

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	<p>Unrelated to Legal/Policy/Privacy, Mr. Woodson mentioned that per marketing documents produced, DC HIE is scheduled to charge Direct subscribers beginning in September. Mr. Woodson recommended to the Board that DC HIE not charge any Direct users. The rationale was that HIE has 87% of grant funds remaining and nine (9) months remaining on the grant. If DC HIE were to impose fees it may lead to massive subscription termination.</p>	
	<p>Meeting with MFA: Mr. Woodson reported that he and James Rachlin met with the Chief Information Officer of Medical Faculty Associations (MFA). MFA is affiliated with George Washington University Hospital and Howard University Hospital. He stated that the purpose of the meeting was to talk about the HIE and advanced services. MFA stated that they are not interested in Direct because they already use another service for secure messaging. However, MFA is interested in advanced HIE services such as ENS.</p> <p>Mr. Woodson also stated that thanks to Dr. Lewis, he was able to present to the Board of the Psychiatric Institute of Washington a couple of weeks ago. He specified that they were very interested in the HIE's applicability for sensitive information. Mr. Woodson forwarded the Board members the section of the DC HIE Policy and Procedure Manual related to the transmission of sensitive information. He also provided the Board with a sample Opt Out form and data sharing agreement.</p> <p>Mr. Woodson also spoke with the president of Med-Chi regarding the HIE. Dr. Walter Faggett stated that he would be meeting with Med-Chi this week and he will provide feedback to Mr. Woodson following that meeting.</p>	
Next Board Meeting	June 19, 2013, from 2:00-4:00 pm.	
Adjournment	Mr. Woodson adjourned the meeting at 3:45 pm.	

Approval of Minutes:



Cleveland Woodson, Chair, DC HIE Policy Board

Date

6-19-13