

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



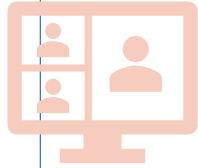
**January 19, 2023 | 3:00 PM – 5:00 PM**



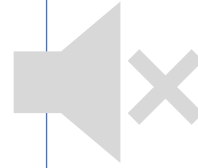
Department of Health Care Finance | Remote Meeting

# Virtual Meeting Processes

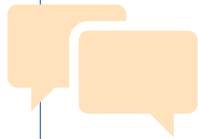
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To increase engagement, turn on your video



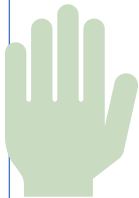
Mute your microphone upon entry, and until you are ready to speak



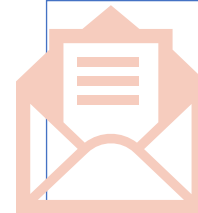
Use the chat function to introduce yourself: **Name, Title, Organization**



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'**

# Agenda

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01

## Welcome and Call to Order

- Virtual Meeting Processes
- Roll Call
- Announcement of Quorum
- HIE Policy Board Announcements: Open positions

02

## Policy Board 2023 Procedures

- Board Leadership Changes
- **Board Actions:** Vote to nominate and elect a new HIE Policy Board Vice Chair
- Board Member Requirements
- Anticipated Bylaw Changes in April 2023

03

## Subcommittee Reports

- **Board Action:** Vote to approve new co-chair of the CRI subcommittee
- **Board Action:** Vote to approve the use of a handout to educate providers on using social needs tools on the DC HIE

04

## Update on the DC CoRIE Project

- Overview of CRISP DC slate of tools related to SDOH
- Review of DC HIE participation in National Pilots

05

## Digital Health Updates

- DC HIE Entity Renewal Updates
- DC HIE Designated Entity Updates
- Digital Health Outreach & Technical Assistance (TA)
- DC HIE Policy & Governance
- DC HIE Infrastructure & Connectivity

06

## Public Comments

07

## Next Steps/Adjournment

# Roll Call and Announcement of Quorum



# HIE Policy Board Announcements and Open Positions



# HIE Policy Board Vacancies

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

## Two (2) Public Members

Community-Based Organizations (CBOs)

Patient/Consumer Advocacy

## One (1) Medical Provider

Behavioral Health

One (1) Member from DC Medical Society

# DC HIE Policy Board 2023 Processes and Procedures

**Deniz Soyer**

*Division Director, Digital Health*

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

Thank you for your  
hard work and  
service as  
Vice Chair of the  
DC HIE Policy  
Board!

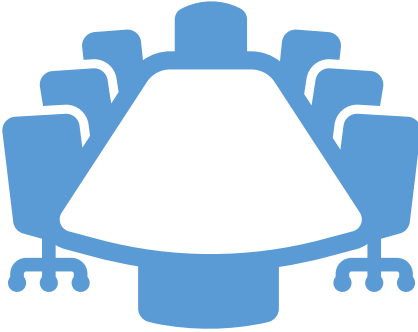
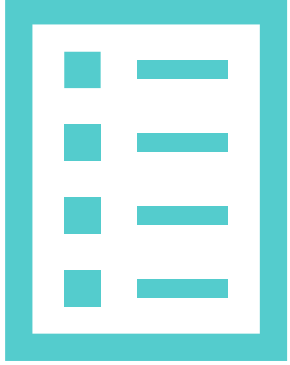







# HIE Policy Board Vice-Chair Elections



# Roles and Responsibilities of the Vice Chair

				
<p>Attend and participate in the four (4) Policy Board meetings during the year to enable consensus-based decisions by the Board</p>	<p>Provide feedback on the Board meeting agenda ahead of each quarterly meeting</p>	<p>Offer feedback on filling vacancies on the Board, as well as assist in diversifying the membership of subcommittees</p>	<p>In the absence of the Board Chair, the Vice Chair shall serve as Acting Chair and assume the duties of the Chair</p>	<p>Join a subcommittee to participate in in-depth discussions on various aspects of the HIE</p>



## Board Action: New Vice Chair



Vote to nominate a  
candidate for HIE Policy  
Board Vice Chair



## Board Action: New Vice Chair



Vote to elect the  
nominated candidate as the  
new HIE Policy Board Vice  
Chair

# Upcoming Policy Board Meetings

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- This year, the Policy Board will meet twice in-person to encourage networking, consensus-based decision making, and strategic discussions related to HIE policy and governance.
- To ensure quorum, Board members are required to attend in-person meetings this year.
- All meetings will be recorded regardless of venue.

## Remote

*On WebEx*

- January 19, 2023
- July 20, 2023

## In-Person

*DHCF Office*

- April 20, 2023
- October 19, 2023

# Policy Board Member Forms and Requirements

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## Conflict of Interest Forms

## Ethics Training from DC's Board of Ethics and Governmental Accountability (BEGA)

- *A training schedule will be posted on BEGA's website and shared with all Board members.*

## Meetings with DHCF staff

- *Feedback on HIE Policy Board processes and procedures, governance items, and other trends that the Board must discuss.*

# DC HIE Policy Board Conflict of Interest Process

## ARTICLE XIV Board Bylaws

*Members of the Board shall protect the needs of the District and ensure transparency around business, financial, and/or personal interests that may lead to direct, unique, pecuniary, or personal benefit.*



**Each Board member shall sign and submit a conflict-of-interest disclosure form during their term:**

- Upon joining the Board
- Annually
- Prior to any new business transactions that may pose a conflict
- Immediately upon becoming aware of a potential conflict



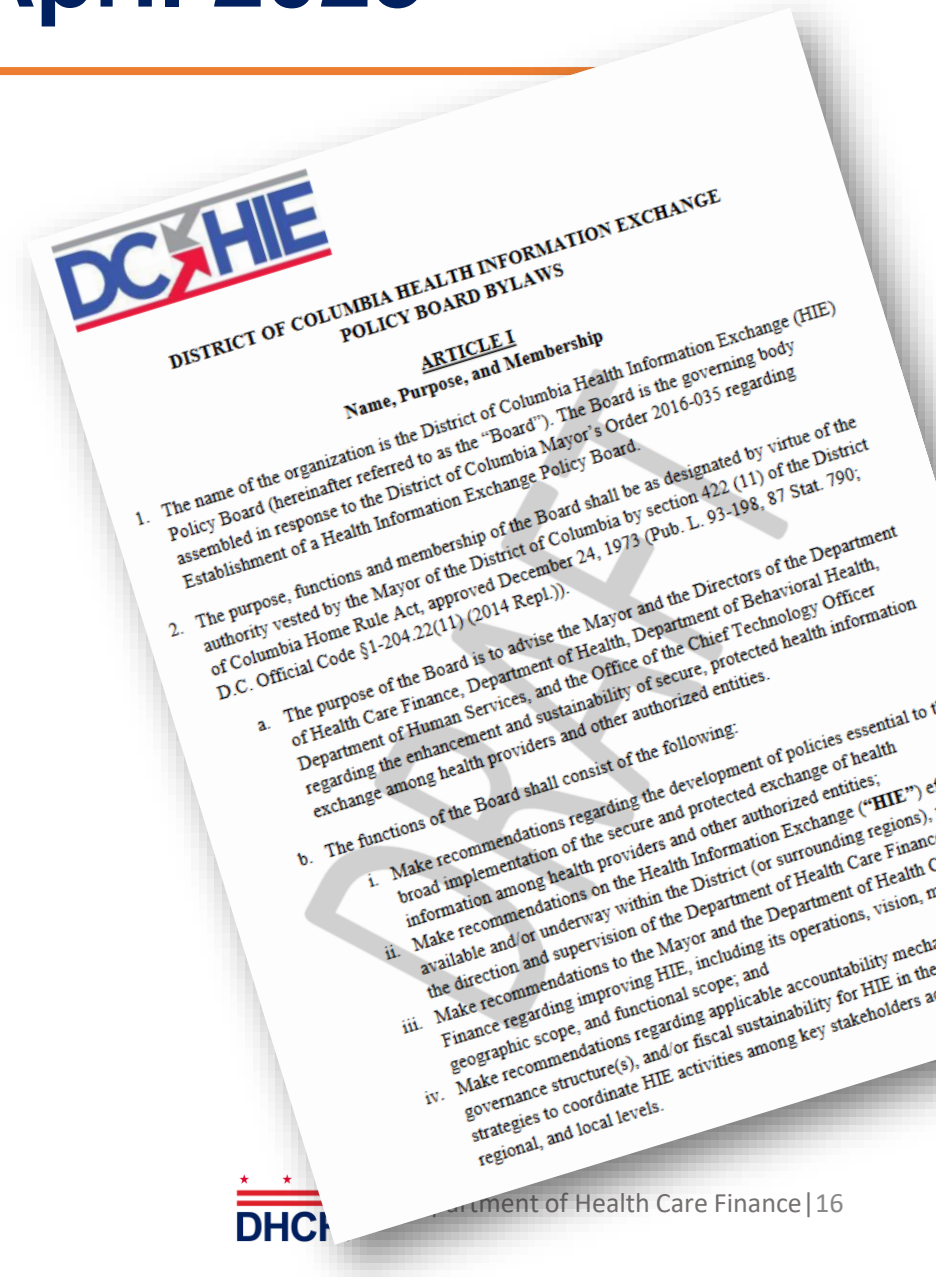
**Board Chair shall review all declarations of conflict of interest**



**Board Chair shall report back any findings to the Board at a regular meeting or special meeting**

# Anticipated Bylaw Changes in April 2023

- The HIE Policy Board bylaws, while extensive, are missing some items. Some anticipated changes are:
  - Establishing a clear and formal process for the Board Vice Chair rotation
  - Updating bylaw language to ensure inclusivity
  - Creating a new title – *Board Member Emeritus* – to recognize and continue engagement with outgoing members
- Updates to bylaws will be discussed at the next HIE Policy Board meeting on April 20, 2023.





# Community Resource Inventory (CRI) Subcommittee

Lucy DeOliveira

*Allocated Time: 3:20 - 3:30 PM (10 mins.)*

# HIE PB Community Resource Inventory (CRI) Subcommittee

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

# ✓ APPROVED: *CRI Subcommittee Recommendations*

## Recommendation 1

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

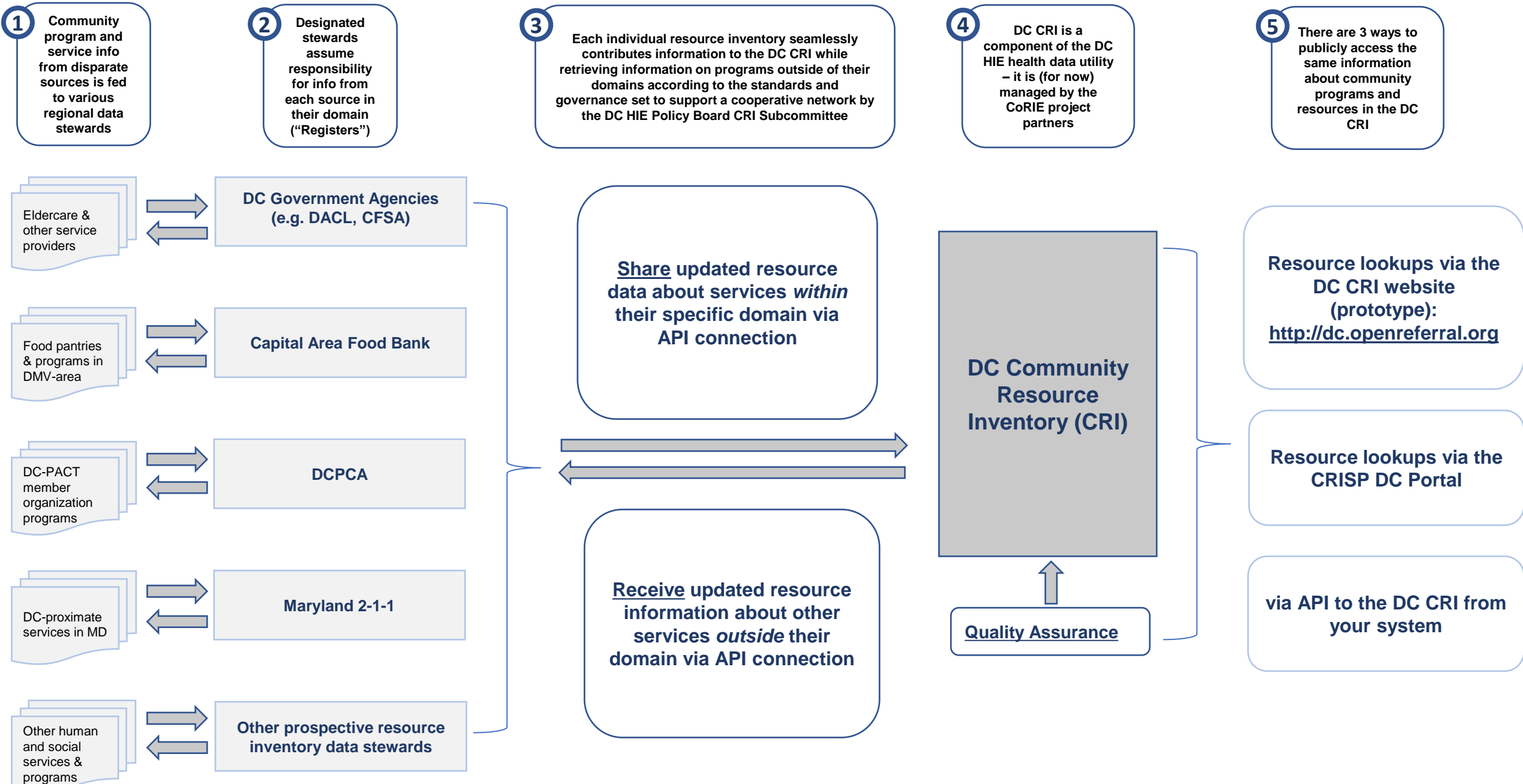
## Recommendation 2

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

## Recommendation 3

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

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



# CRI Subcommittee Update

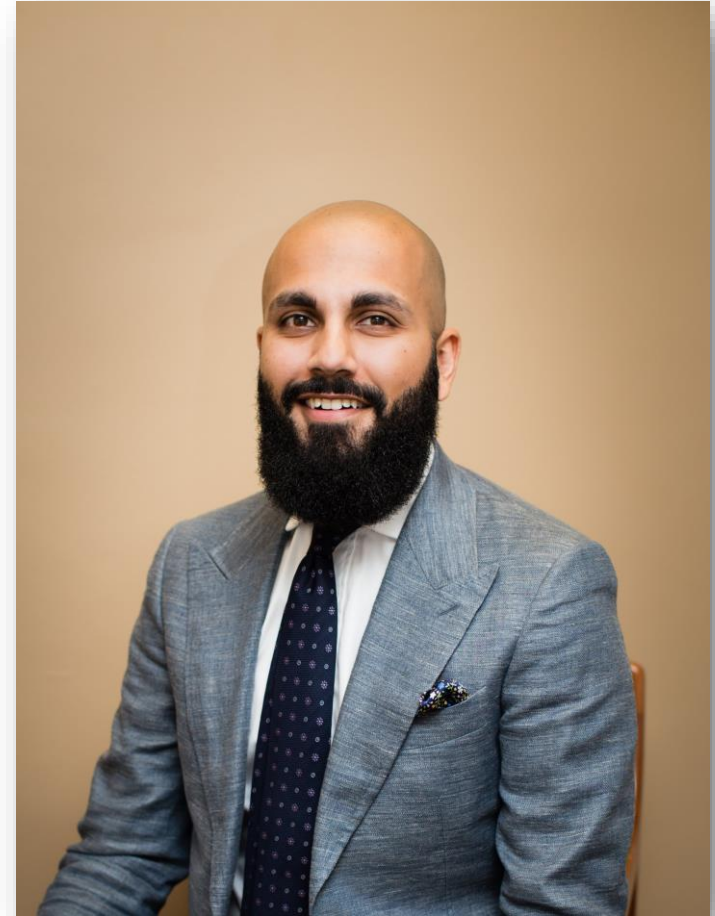
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- Following the approval of the subcommittee recommendations at the last Policy Board meeting, the subcommittee has worked on the following:
  - Began review of various sections of the CRI proposed rule, including requirements for registered and designated entities, audit requirements for designated entities, and other items that formalize the partnerships between registered and designated entities.
  - Drafted a new subcommittee workplan that prioritizes the review of the proposed rule and discussion on various data governance/ content management issues
  - Began discussions on ongoing data maintenance, management, and governance issues for the DC CRI
- The subcommittee has also discussed solutions to any conflicts of interest that have arisen as the subcommittee works to develop the registration and designation process. This includes a change in subcommittee leadership.

# CRI Subcommittee Update – *Khalil Hassam*

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- Serves as the state Primary Care Office Director for DC Health.
- Responsible for the administration, management, and coordination of primary care and oral health initiatives to improve access to, and utilization of primary and oral health care by all District residents.
- Brings years of nationally recognized Quality Improvement expertise to his work directing the Primary Care Office.





## Board Action: Approval of New Co-Chair



Appoint Mr. Khalil Hassam as Co-Chair of the Community Resource Inventory (CRI) Subcommittee.

# FY 23 CRI Subcommittee Workplan

Activities	Timeframe
<p><b>Goal 1: Inform registration and designation requirements for the DC CRI proposed rule.</b></p> <ul style="list-style-type: none"> <li>Provide feedback and inform the development of the DC CRI proposed rule as it relates to –               <ul style="list-style-type: none"> <li>Registered and Designated CRI entity requirements and application</li> <li>Information collection and content management requirements</li> <li>Audit and educational requirements for designated CRI entities</li> </ul> </li> </ul>	<p><b>December 2022 – July 2023</b></p>
<p><b>Goal 2: Inform inter-governmental collaboration on CRI</b></p> <ul style="list-style-type: none"> <li>Ensure alignment of CRI proposed rule with existing structures related to community-based services to encourage the use of the DC CRI.</li> <li>Inform the development of MOUs or other items to establish collaboration with other HHS cluster agencies.</li> <li>Draft recommendations to HIE Policy Board.</li> </ul>	<p><b>December 2022 – October 2023</b></p>
<p><b>Goal 3: Analyze and discuss any ongoing data governance issues to ensure reliable maintenance and curation of DC CRI data</b></p> <ul style="list-style-type: none"> <li>Provide oversight of the data maintained in the CRI, including ensuring that the data are maintained in accordance with nationally recognized standards</li> <li>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.</li> <li>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.</li> <li>Draft recommendations to HIE Policy Board.</li> </ul>	<p><b>December 2022 – October 2023</b></p>
<p><b>Long-Term/ Regular Subcommittee Activities</b></p> <ul style="list-style-type: none"> <li>Provide recommendations on any updates to terms and definitions as part of the DC CRI Glossary</li> <li>Inform the development of performance metrics for designated CRI entities.</li> <li>Recommend updates to the core minimum set of data contained for each service record in the DC CRI.</li> <li>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.</li> </ul>	



# Operations, Compliance, Efficiency (OCE) Subcommittee

**Gayle Hurt**

*Allocated Time: 3:30 - 3:35 PM (5 mins.)*

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

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

# OCE Subcommittee Update

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- The subcommittee is continuing to review the HIE final rule to inform any updates to the registration or designation renewal process.
- New for this year, the subcommittee will outline best practices for registered and designated entities in accordance with §8711.8 of the HIE final rule. These include research on several categories related to the secure access, use, and disclosure of health information.

# Best Practices and Monitoring and Compliance Plans – *Categories*

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Privacy & Security



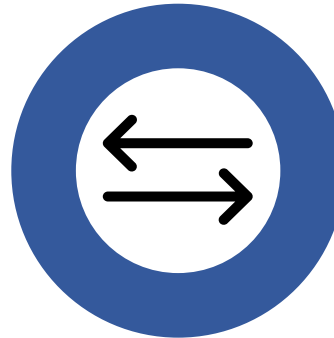
Identity & Access Management



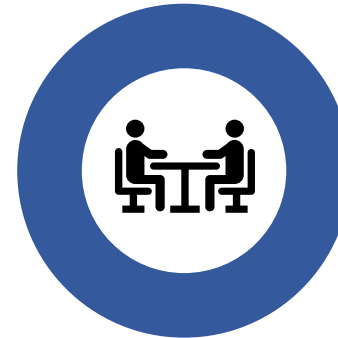
Data Use & Exchange



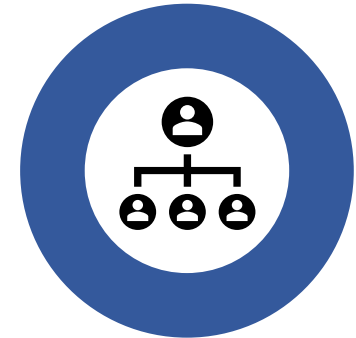
Audits



Consumer Education



Organizational & Business Requirements



# OCE Subcommittee Update

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- These best practices will align with nationally- recognized technical and industry standards for the secure access, use, and disclosure of health information. The subcommittee will research similar policies in other states and HIEs as part of the process.
- Utilizing identified best practices, the subcommittee will develop monitoring and compliance plans for registered and designated entities.
- Upon completion of the Transitions of Care project, the subcommittee has worked to incorporate these elements into the FY23 workplan.

# FY 23 OCE Subcommittee Workplan

Activities	Timeframe
<p><b>Goal 1: Review and provide recommendations on requirements for registered and designated HIE entities as outlined in the HIE final rule and other DHCF guidance</b></p> <ul style="list-style-type: none"> <li>Review HIE Rule, HIE Registration and Designation requirements, and other guidance to inform any required updates to the registration and designation renewal process.</li> <li>Develop monitoring and compliance plans for registered and designated entities to ensure compliance with requirements listed in the HIE final rule and adherence to industry standards for secure information exchange.</li> <li>Advise on edits to existing registration and designation documents, including FAQs, application documents, and any relevant information on DHCF's website.</li> <li>Draft recommendations to HIE Policy Board.</li> </ul>	<p><b>December 2022 – August 2023</b></p>
<p><b>Goal 2: Review and Recommend updates to baseline operational and benchmark performance standards</b></p> <ul style="list-style-type: none"> <li>Analyze baseline operational performance to ensure HIE meets documented standards.</li> <li>Analyze best practices in HIE operational standards and compliance.</li> <li>Analyze national best practices on HIE data quality.</li> <li>Draft recommendations to HIE Policy Board on HIE performance.</li> </ul>	<p><b>December 2022 – July 2023</b></p>
<p><b>Goal 3: Monitor, review, and advance updates to the recommended minimum datasets for timely exchange between HIEs in the District and with the Designated HIE Entity.</b></p> <ul style="list-style-type: none"> <li>Review data elements based on provider type and use cases to make recommendations on updates/changes.</li> <li>Analyze findings from the Transitions of Care project and determine to make any additions to the dataset for exchange.</li> <li>Review data sets to ensure alignment with national standards such as USCDI.</li> <li>Draft recommendations to HIE Policy Board.</li> </ul>	<p><b>May 2022 – October 2022</b></p>
<p><b>Long-Term/ Regular Subcommittee Activities</b></p> <ul style="list-style-type: none"> <li>Review DC HIE Glossary and provide recommendations on any updates to terms and definitions.</li> <li>Monitor performance of registered and designated entities per the requirements outlined in the HIE final rule.</li> <li>Recommend updates to the core minimum dataset for exchange among HIEs in the District.</li> <li>Work collaboratively with HIE Policy and Stakeholder Engagement subcommittees on updates to the HIE final rule and evaluate industry trends related to electronic health information exchange.</li> </ul>	

# Stakeholder Engagement Subcommittee

**Dr. Yavar Moghimi**

**Dr. Mary Awuonda**

*Allocated Time: 3:35 - 3:45 PM (10 mins.)*

# Stakeholder Engagement Subcommittee Update

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



# Stakeholder Engagement Subcommittee Update

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- The SE Subcommittee continues to work with CRISP DC partners to recruit CBOs, with the goal of onboarding these organizations to receive e-Referrals and obtain CRISP access.
  - CBOs are targeted based on several prioritization criteria, including identified need and service area.
  - Organizations were also prioritized for outreach based on existing referral partnerships using subcommittee member feedback.
- The SE Subcommittee is working with CRISP DC to support their efforts in advancing providers along the continuum of exchanging and using HIE data to meaningfully impact health.
- The SE Subcommittee has developed a new workplan. The workplan includes the development of a stakeholder map to identify the ideal state of engagement for each stakeholder, outline barriers and/or challenges related to utilizing the HIE, and working with CRISP DC partners to create educational materials to address the needs of these stakeholders.

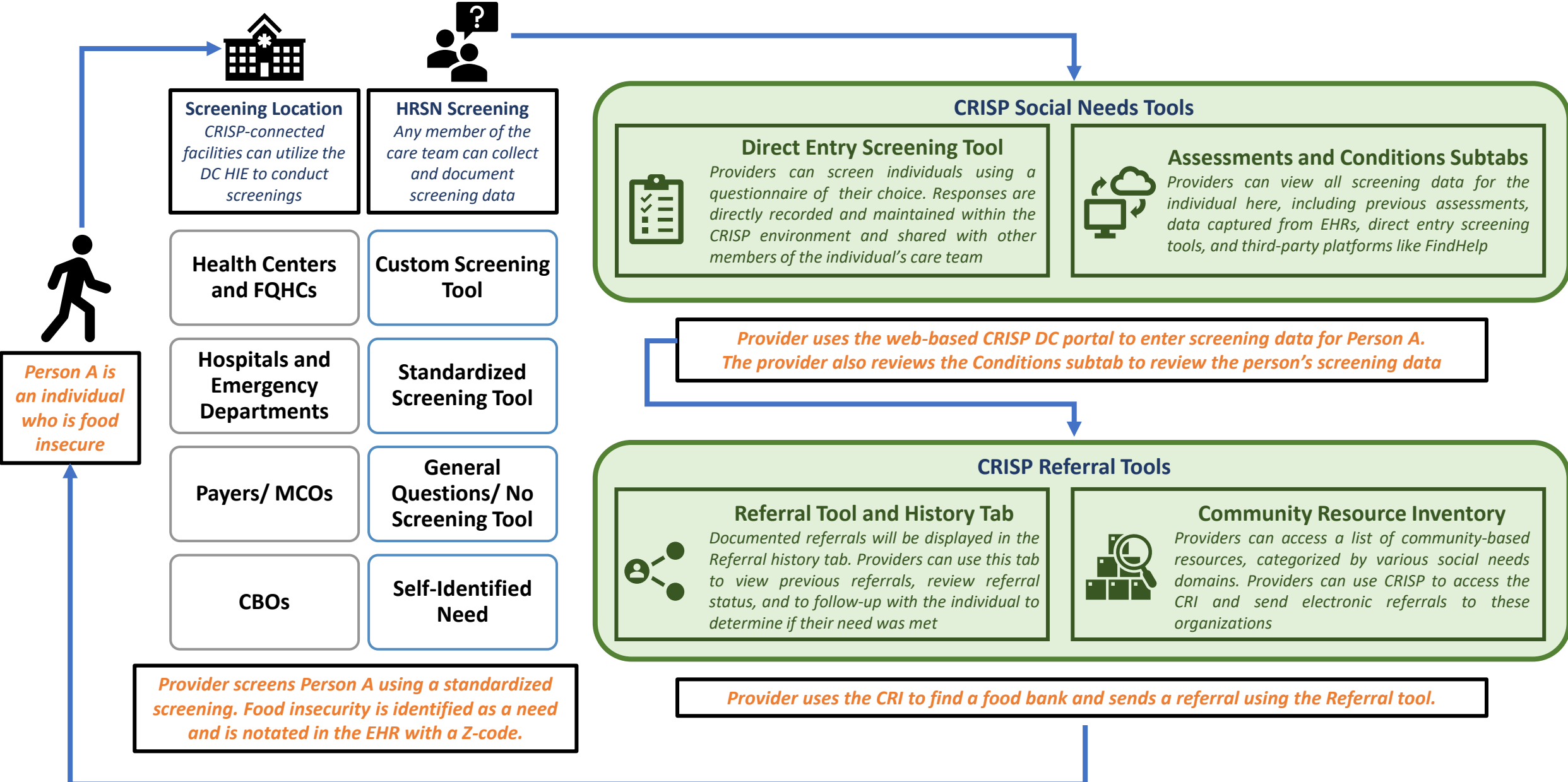
# FY 23 Workplan

Goals	Timeframe
<p><b>Goal #1: Identify and inform ways to improve stakeholder engagement in the District's HIE initiatives and to promote the value of health information exchange and of advancing along the SMHP HIT Framework to District stakeholders.</b></p> <ul style="list-style-type: none"> <li>• Develop stakeholder map to identify all relevant stakeholders.</li> <li>• Utilize stakeholder map to develop personas that clearly outline meaningful engagement for each HIE stakeholder.               <ul style="list-style-type: none"> <li>• Outline status quo of HIE use per stakeholder.</li> <li>• Define desired ideal state of engagement for each stakeholder</li> <li>• Conduct targeted outreach to stakeholders to identify barriers and challenges in utilizing the HIE and/or its tools.</li> <li>• Identify mechanisms of achieving ideal state of engagement (TA, education, training, focus groups, HIE champions, etc.)</li> </ul> </li> <li>• Strategize on building relationships with CBOs, Behavioral Health, and HCBS providers based on existing networks and collaborations.</li> <li>• Develop targeted messaging promoting the value of HIE to stakeholders.               <ul style="list-style-type: none"> <li>• Conduct gap analysis of communication and educational resources by reviewing existing landscape of resources</li> <li>• Collaborate with CRISP DC partners to craft new educational/communication resources</li> </ul> </li> </ul>	<p>December 2022 – October 2023</p>
<p><b>Goal #2: Identify and recommend educational outreach initiatives in response to regulatory changes</b></p> <ul style="list-style-type: none"> <li>• Keep abreast of regulatory changes that affect the HIE and/or HIE tools. Identify impact of changes per stakeholder.</li> <li>• Collaborate with HIE Policy subcommittee to provide feedback educational materials to ensure that materials are responsive to the needs of the targeted stakeholder.</li> </ul>	<p>December 2022 – October 2023</p>
<p><b>Goal #3: Recommend feedback to DHCF on evaluation measures and the DC Digital Health Core Competencies.</b></p> <ul style="list-style-type: none"> <li>• Collaborate with DHCF to provide feedback on HIE evaluation measures.</li> <li>• Collaborate with DHCF to provide feedback on the Digital Health Core Competencies measurement framework, confirm target measures of success and define if applicable.</li> </ul>	<p>December 2022 – October 2023</p>
<p><b>Long-Term/ Regular Subcommittee Activities</b></p> <ul style="list-style-type: none"> <li>• Conduct stakeholder summits, forums, and/or webinars to promote the implementation and adoption of the HIE and related use cases.</li> <li>• Conduct outreach with payers and providers to identify use cases related to payment incentives.</li> <li>• Collaborate with CRISP DC in supporting CRISP DC communications with stakeholders.</li> <li>• Work collaboratively with HIE Policy and CRI subcommittees on feedback for the CRI proposed rule, updates to the HIE final rule, and other regulatory changes that impact various stakeholder.</li> </ul>	

# Stakeholder Engagement Subcommittee Update

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- The SE Subcommittee has also developed an educational handout that includes:
  - A workflow on how providers can utilize CRISP social needs tools to identify an individual's social needs.
  - Steps that outline where social needs data is located in the CRISP environment.
  - Links to the CRISP DC webpage for additional information.





## Board Action: Approval of Education Materials



Vote to approve the use of a handout to educate providers on using social needs tools on the DC HIE



# Policy Subcommittee

Justin Palmer

*Allocated Time: 3:45 - 3:50 PM (5 mins.)*

# Policy Subcommittee Update

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

# Policy Subcommittee Update

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- The policy subcommittee is working to develop policy guidance based on the HIE final rule.
  - The subcommittee had begun with the sections in the final rule that specify that guidance will be published on the DHCF website.
  - The subcommittee will work to ensure that any guidance is alignment with existing guidance to avoid any duplicative effort.
  - Once developed, recommendations will be presented to the HIE Policy Board.
- The Policy Subcommittee continues to monitor various regulatory and legislative actions, such as Information Blocking, the implementation of TEFCA, and patient access.
  - The subcommittee is collaborating with the Stakeholder Engagement subcommittee to identify any challenges associated with information blocking



# FY 23 Policy Subcommittee Workplan

Activities	Timeframe
<p><b>Goal 1: Review and develop policy guidance on requirements for registered and designated HIE entities as outlined in the HIE final rule and other DHCF guidance</b></p> <ul style="list-style-type: none"> <li>Review HIE final rule, HIE Registration and Designation requirements, current HIE tools/functions, and other guidance to identify gaps. Determine if these gaps require policy guidance.</li> <li>Provide policy guidance for DC HIE role in referral networks, guidance on data sharing and consent across non-traditional HIE stakeholders such as CBOs and Part 2 organizations</li> <li>Analyze gaps in the HIE final rule to inform any changes and/or updates to the HIE final rule.</li> <li>Define policy implications and develop policy guidance for any new HIE Initiatives, including CRISP Direct Entry tools, SUD Consent Management, Image Exchange, Patient Access and other initiatives as they begin.</li> <li>Draft recommendations to HIE Policy Board</li> </ul>	<p><b>December 2022 – October 2023</b></p>
<p><b>Goal 2: Ensure DC HIE policy alignment and compliance with relevant provisions of the 21st Century Cures Act</b></p> <ul style="list-style-type: none"> <li>Ensure educational opportunities for the DC HIE Policy Board and HIE Policy Board Subcommittees on relevant provisions of the 21st Century Cures Act</li> <li>Provide guidance and best practices related to local implementation of 21st Century Cures Act provisions, including TEFCA, QHIN, Information Blocking, and Patient Access</li> <li>Collaborate with HIE Policy Board subcommittees to develop educational materials (factsheets, FAQs, etc.) to provide updates on any provisions that impact the HIE, its tools and functions, or any HIE stakeholders.</li> <li>Monitor local and federal regulatory activities/implementation affecting the Registered and Designated HIEs.</li> <li>Draft recommendations to HIE Policy Board</li> </ul>	<p><b>December 2022 – October 2023</b></p>
<p><b>Goal 3: Analyze regulatory and legislative trends related to electronic health information exchange for their impact on the DC HIE and its tools/functions</b></p> <ul style="list-style-type: none"> <li>Keep abreast, determine impact, and define policy implications of regulatory and legislative trends related to DC HIE Initiatives, including CRISP Reporting Services, HIPAA authorization, SUD Consent Management, and other initiatives</li> <li>Understand the implications of HIE participation for non-HITECH-eligible provider types receiving technical assistance through the DHCF ARPA HCBS Digital TA initiative.</li> <li>Inform secondary use policy in coordination with the OCE Subcommittee</li> <li>Provide guidance to clarify the processes surrounding data access for Medicaid value-based payment initiatives.</li> </ul>	<p><b>December 2022 – October 2023</b></p>
<p><b>Goal 4: Ensure coordination with the HIE Policy Board subcommittees and other stakeholders interested in utilizing the HIE and its tools to identify and address policy implications of ongoing work, and make recommendations to the full HIE Policy Board</b></p> <ul style="list-style-type: none"> <li>Create a process for other subcommittees to bring questions and recommendations to the policy subcommittee for evaluation and guidance</li> <li>Inform a process for policy subcommittee review of any District agencies that create DC HIE-related policies to ascertain impact on HIE tools and functions</li> <li>Draft recommendations to HIE Policy Board</li> </ul>	<p><b>December 2022 – October 2023</b></p>
<p><b>Long-Term/ Regular Subcommittee Activities</b></p> <ul style="list-style-type: none"> <li>Communicate regularly with each subcommittee on current activities, including ensuring policy subcommittee representation at regular subcommittee meetings</li> <li>Work collaboratively with HIE OCE, CRI, and Stakeholder Engagement subcommittees on updates to the HIE final rule, policy implications of regulatory or legislative trends, and to draft policy guidance.</li> </ul>	

# Update on the DC Community Resource Information and Exchange (CoRIE) Project

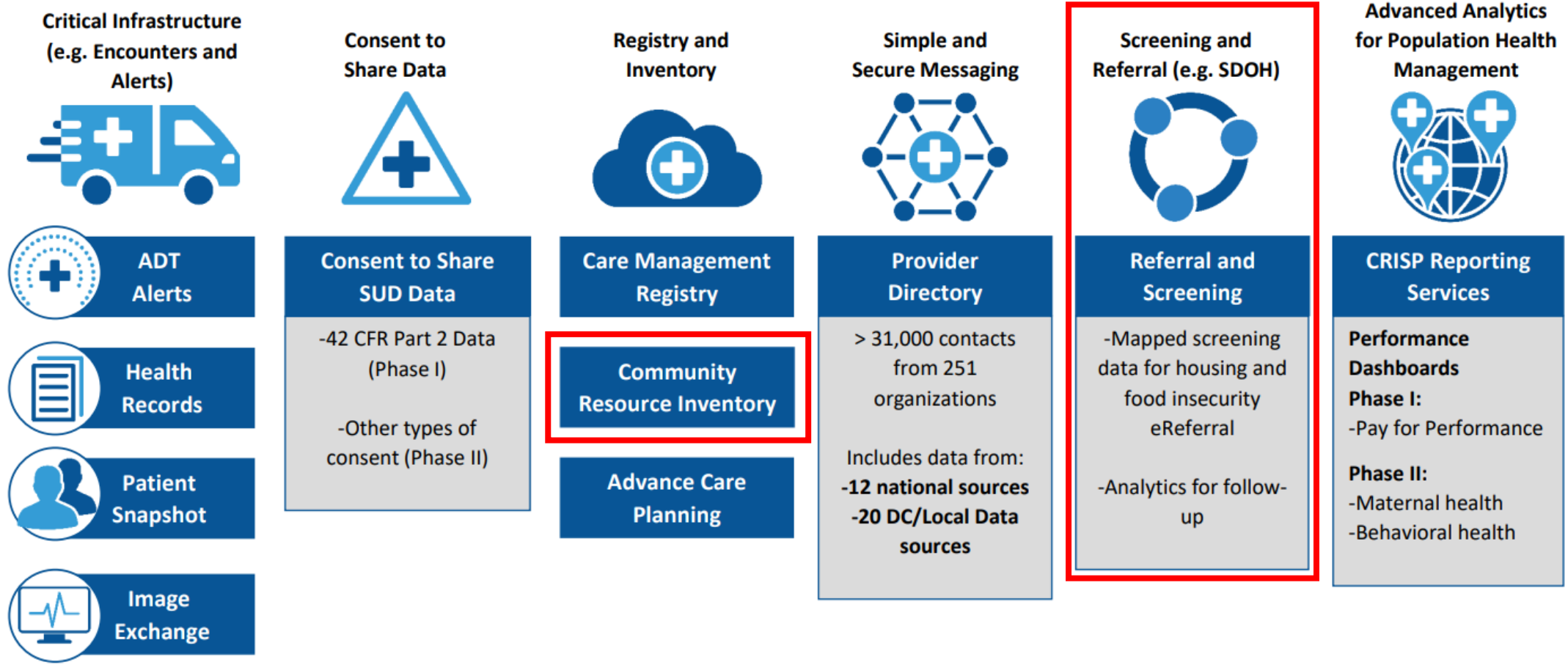
**Aida Semere**

*Sr. Project Manager*

*CRISP DC*

*Allocated Time: 3:50 – 4:20 PM (30 mins.)*

# The DC HIE is a health data utility with 6 reliable core capabilities that include SDOH screening, resource inventory, referral functions



# Addressing social needs through the Community Resource Information (CoRIE) Initiative

## CoRIE supports 3 technical functionalities

- 1 **Screening for social risks** and share dispositions
- 2 **Resource lookups** through centralized community inventory
- 3 **Referrals** to appropriate community and support services

**Together these 3 functionalities enable data sharing among health system stakeholders to address individuals' social needs.**

### CoRIE is a Vendor Agnostic Approach

- Enables screening and referral information to be shared and displayed regardless of how it was collected
- Ensures care partners can view the same information via DC HIE regardless of the vendor platform they use

### CoRIE is an Interoperable System within the DC HIE

- Digitally connects care partner, including health and social service providers, through the DC HIE health data utility
- Provides shared services across the region

### CoRIE is a Public-Private Partnership

- Committed to supporting and sustaining technical solutions.
- Enabling coordinated whole person care across health, human, and social service providers in the District.
- Fosters a culture of shared responsibility for ensuring the availability and quality of actionable information

# CoRIE is designed to enable social needs screening and referral through DC HIE infrastructure *without* requiring a single District-wide platform



Providers, MCOs, and health system stakeholders use different systems to:

- Collect social needs information from patients
- Make referrals to community services

CoRIE allows 4 pathways to capture and share SDOH screening and referral data with care partners through the DC HIE

Choose 1 of 4 pathways to capture and share SDOH screening and referrals

1 Use 3<sup>rd</sup> Party SDOH Network Platforms

2 Use an EHR

3 Use **CRISP DC** Direct-entry Screening Tool to capture SDOH screening/assessment

4 Use **CRISP DC** Referral Tool to send referral to CBO

Each pathway contributes data to the DC HIE

Vendor integration with CRISP enables transmission of screening and referral data

CSV files containing referral data

CSV files containing screening data elements

Z-codes extracted from CCDs and ADTs reflecting screening dispositions

Screening and assessment data elements

**CRISP DC** Referral Tool

DC HIE Users can view screening and referrals from each pathway in the social needs tab

**CRISP DC** Social Needs Tab

DC HIE users can view assessments captured via the CRISP DC Screening Tool or third-party platform

DC HIE users can view conditions based on extracted z-codes

**CRISP DC** Care Coordination Tab

DC HIE users can view referral history made in non-DC HIE systems

CBOs can

- Receive referrals for services
- Communicate with referring provider
- Close the loop
- Send referral to other CBOs

# DC Community Resource Inventory

---

## What is the CRI?

- District-wide, publicly available directory that provides information about regional health, human, and social service organizations in the community that are available to District residents.
- Data available in the CRI include information such as organization and program description, location, contact information, service category, service eligibility, and more

## Who is involved?

- Built in collaboration with various regional data stewards that curate information about community-based and social service organizations that address unmet social needs
- Component of the DC Health Information Exchange (HIE) and is currently maintained by the [DC Primary Care Association](#), in partnership with the [Open Referral Initiative](#), with technology developed by [Sarapis](#).

## How can it be used?

- Lookup and identify resources
- Refer to appropriate community and support services using the contact information available for each organization, which can include phone number, email, and address

## How can resource data be shared with the CRI?

- Organizations can share their own resource data with the CRI by agreeing to become a CRI data steward
- Users can recommend organization data be made available in the CRI by reaching out to David Poms, DCPCA Partnerships Manager, via [dpoms@dcpca.org](mailto:dpoms@dcpca.org)

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

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

**Gilbert Grape**  
Female | Jan 1, 1984

ASSESSMENTS			CONDITIONS	REFERRALS
<b>Assessments</b>				
	Date ↓	Source		Class
	2021-10-13	CRISP_ULP		AHC
	2021-06-23	CLVRI_IM		MONS
	2021-06-22	CLVRI_IM		MEDS
	2021-06-21	MEDSTAR_HHC		MEDS
	2021-06-21	CLVRI_IM		MONS
	2021-06-17	CLVRI_IM		MONS
	2021-06-16	CLVRI_IM		MONS

Screening

**Community Resource Exchange**

are right for you.

Search for services

Search Location

Browse by Category

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

Community Resource Inventory

**CRISP Program Referral**

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

Information

First Name: [Field] Middle Name: [Field] Last Name: [Field]

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

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

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

State: WV Zip: 26000 Email: [Field]

Referral

# CoRIE: Participation and Utilization at a Glance

## SDOH Screening



- **3 Organizations** contributing social needs screening assessments
  - **6,700 Medicaid beneficiaries** with screening data available in the DC HIE
- **5 FQHCs and 12 other DC sources**, including hospitals, contributing social needs z-codes from CCDs and ADTs
  - **47,906 z-codes** available from ADTs
  - **8,667 z-codes** available from CCDs
  - **41,443 Medicaid beneficiaries** with z-codes available in the HIE

## SDOH Referrals



- **7 CBOs and 20 programs** in the areas of food, housing, workforce development, and cancer support available for closed-loop referrals
- **84 DC Medicaid beneficiaries** with referral data available in the HIE
- **186 MedStar FindHelp patients** with referral data in the HIE, with a total of **304 referrals**
- **268 DC HIE users** credentialed to send closed-loop referrals
- **24 CBO DC HIE users** credentialed to receive closed-loop referrals
- **1 organization** contributing third-party referral data outside the HIE (FindHelp)

## DC CRI



- **1,786 DC HIE users** who have launched the CRI within the DC Portal
- **359 organizations** that are searchable in the DC CRI
- **1,480 services** that are searchable in the DC CRI
- **3 CRI data stewards** working with the DCPCA team to contribute data



# High-Level CoRIE Project Updates: Screening

---

## Outreach and Data Sharing

- Hospitals and MCOs: In partnership with the DC Hospital Association, CRISP continues to meet with DC hospitals and MCOs to discuss the following:
  - CRISP Social Needs Data Tab
  - Use and ability to share standardized social needs assessments or z-codes via CSV, CCDs, ADTs, or FindHelp
  - Social needs referral workflows
  - DC CRI
- CBOs: CRISP has made the Direct Entry Screening Tool available to non-HIPAA covered entities and is socializing the tool and the CSV assessment data sharing capability during scheduled outreach
- DC F&EMS: CRISP has received interest from DC FEMS to share social needs assessments captured by the Opioid Response Team

# High-Level CoRIE Project Updates: Referrals

---

## Outreach

- Hospitals and MCOs: CRISP DC is holding meetings to understand referral workflows, existing CBO referral partnerships, how the CRISP closed-loop referral tool can support their needs, and interest in sharing FindHelp referral data
- CBOs: In Q3 of 2022, CRISP DC created a CBO outreach list based on the organizations and services available in the DC CRI. CBOs are prioritized based on identified need, service area, ability to provide both clinical and social services, and stakeholder recommendations
  - As of December 2022, CRISP has met with 12 organizations and conducted outreach to 29 CBOs

## Development

- Program Directory: CRISP is building a new UI that allows users to browse and filter through CRISP referral programs, in addition to third-party resource data, prior to making a closed-loop referral
- 42 CFR Part 2 Referrals: Part 2 organizations expressed interest in the ability to send or receive referrals for social needs. CRISP is working on the capability to support this by adding a consent functionality within the Referral Tool

# FY23 Activities and Goals: Screening

---

## Data Sharing

- Collect and display data from:
  - All DC MCOs
  - All DC hospitals with standardized screening
  - 2 maternal health platforms (Mahmee and Babyscripts)
  - All FindHelp participants collecting screening in the platform
  - F&EMS
  - 42 CFR Part 2 organizations
- Have at least 1 organization (HIPAA covered or non-HIPAA covered) directly entering screening data into the HIE
- Ensure all DC FindHelp clients are sharing screening data for display in the CRISP Assessments Tab

# FY23 Activities and Goals: Referrals

---

## Engagement and Utilization

- Use the CBO outreach list to get at least 4 CBOs in CRI priority services categories of food, housing, and transportation AND at least 1 CBO in other service categories to the CRISP Referral Tool
- At least one MCO using the MCO Referral Portal for a prior authorization use case
- At least one CBO using the Referral Tool to send referrals to other CBOs
- At least one hospital using the Referral Tool to send referrals to CBOs

## Development and Data Sharing

- Ensure all DC FindHelp clients are sharing referral data for display in the CRISP Referral History Tab
- Build an internal CRISP program directory, which will support the ability to browse CRISP referral program data, in addition to third-party resource data
- Support the ability for 42 CFR Part 2 organizations to send and receive referrals

# FY23 Activities and Goals: DC CRI

---

## Existing Partnerships

- Display resource data from:
  - Criminal Justice Coordinating Council (CJCC)
  - DC Department of Aging and Community Living (DACL)
  - DC Department of Health – Community Health Administration (CHA)

## Engagement

- Engage with other District agencies to partner and display their resource data in the CRI

## Resource Data Management

- Complete initial round of verification efforts for existing data in the CRI

# Participation in National Initiatives

## HHS Administration for Children and Families (ACF) Resource Directory Pilot

- The ACF pilot aims to use the **HL7 Fast Healthcare Interoperability Resources (FHIR) messages to query human services resource directories** containing data stored in the Open Referral data model.
- The CoRIE team participated in testing this implementation guide by using our DC CRI Open Referral API.
- To date, the ACF team has been able to successfully test this implementation guide! The team anticipates being able to test the use of the DC CRI in FHIR-based systems in Q4 of this year, thus making the **CRI FHIR compliant!**

## The Gravity Pilots Affinity Group

- The CoRIE team is a pilot participant at a peer-to-peer learning forum focused on the real-world testing of Gravity terminology and technical standards.
- For this pilot, the CoRIE team aims to allow users to **find services by searching for associated z-codes**. This will also include making this data available for services in the HIE, thus including z-code data as part of the patient referral record
- **We will be presenting on January 26, 2022 – Join us via this [link!](#)**

# CRISP Social Needs Data Tab

DC HIE users can access the **'Social Needs Data'** Tab via the CRISP EHR App or web-based DC Portal to view SDOH assessments and z-codes.

Information such as the date and description are captured, in addition to the SDOH domain of each question in the assessment

Assessments  
Meritus Medical Center  
2022-01-03

Financial Insecurity

Food Insecurity

In the past 12 months, did you worry about whether your food would run out before you got money to buy more?  
 No

In the past 12 months, did your food ACTUALLY run out and you didn't have money to buy more?  
 No

ASSESSMENTS    CONDITIONS

Assessments

Hide Home Facility Data

Date ↓	Source	Description
2022-06-20	MCH Ventures, Inc.	MAHMEESDOH
2022-06-20	Community Care of West Virginia	CCWVSDOH
2022-06-13	Luminis Health - Anne Arundel Medical Center	MOMSDOH

ASSESSMENTS    CONDITIONS

Conditions

Date ↓	Source	Z-Code	Description
2022-01-27	ARS	Z59.1	Inadequate housing
2022-01-25	ARS	Z56.0	Unemployment, unspecified

# CRISP Direct Entry SDOH Screening Tool

DC HIE users can access the 'Screening' tab to directly enter and submit SDOH assessments of their choice.

Once submitted, information will be available within the Assessments subtab.

The screenshot displays the 'Direct Entry Screening Tool' interface. On the left is a sidebar with navigation options: Delegator Dashboard, Panel Processor, Screening (highlighted in red), MyDirectives for Clinicians, RealTime, Clinical Information Staging, and Search Programs. The main content area shows patient information for GILBERT GRAPE (male, DoB: 1984-01-01, Phone: 2408266000). Below this is a section for 'Available Questionnaires' with a search bar and a list of surveys including Mahmee, Community of Care West Virginia, CRISP-MD TEST, PHS Doctors, and Carrol CTO. The right side of the interface shows the 'The Accountable Health Communities Health-Related Social Needs Screening Tool' form, which includes sections for Housing Instability/Homelessness and Food Insecurity, each with specific questions and 'Select one' dropdown menus.

Name	Value	Units
<b>Housing Instability/Homelessness</b>		
What is your living situation today?	Select one	
Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY	Select one	
<b>Food Insecurity</b>		
Within the past 12 months, you worried that your food would run out before you got money to buy more.	Select one	
Within the past 12 months, the food you bought just didn't last and you didn't have	Select one	



# CRISP Referral History Tab

## Care Coordination

DC HIE users can access 'Referral History' under the 'Care Coordination' tab.

Information such as data, program name and description, referral status, and care team information are made available for all members of a patient's care team

Referral History  
TEST for Referrals  
Date Updated: 2021-11-26

**Referral Sender**

*Referring Provider:* Shreyash Shrivastava  
*Referring Provider Organization:* CRISP Internal Users - Break Glass  
*Referring Provider Phone:* Not Provided  
*Referring Person:* Janelle Thomas  
*Referring Person Organization:* Regional Infusion Center Meritus  
*Referring Person Email:* janelle.thomas@crisphealth.org

**Referral Recipient**

*Organization:* Crisp Internal Use ONLY  
*Program:* TEST for Referrals  
*Program Description:* This is a Test Program to verify if Referrals is working or not.  
*Referral Coordinator:* Not Provided  
*Referral Coordinator Phone:* Not Provided  
*Referral Coordinator Email:* Not Provided

Date of Referral	Source	Program Name	Status	Last Updated
2021-11-26	—	TEST for Referrals	Pending	2021-11-26
2021-11-29	—	TEST for Referrals	Pending	2021-11-29
2021-11-30	—	TEST for Referrals	Pending	2021-11-30

# CRISP Referral Tool

## How to Access

The CRISP Referral Tool is available via the web-based DC Portal.

Once access is provided, users can search for a patient and select the **'Referrals'** tab under the **'Select App'** drop-down.

The screenshot shows the 'HOME' page of the CRISP Referral Tool. On the left, there is a 'Patient Search' section with input fields for 'First Name \*', 'Last Name \*', 'Date of Birth \*', 'Gender', and 'SSN'. Below these fields are 'Reset' and 'Search' buttons. On the right, a 'Select App' dropdown menu is open, listing various applications: AK Labs and Imaging, CareTeam, Clinical Information, Clinical Information Staging, Consent Tool, COVID Lab Tools, MOM Care Plan, PMP, and Referrals. A 'Search Results' panel is also visible, showing a search for 'GILBERT'.

The screenshot shows the 'CRISP Program Referral' form. The 'Referrals' tab is selected in the 'Reports & Applications' sidebar. The form contains the following fields:

- First Name:** GILBERT
- Middle Name:** (empty)
- Last Name:** GRAP
- Date of Birth (Format MM/DD/YYYY):** 01/01/1984
- Primary Language:** (dropdown menu)
- Gender:** (dropdown menu)
- Home Address 1:** 4145 EARL C ADKINS DRIV
- Phone Number:** 240-826-6000
- Type:** (dropdown menu)

# CRISP Referral Tool

## *Sending Referrals*

DC HIE users can fill out the referral form with additional demographic information before selecting from a list of CBO programs and submitting the form.

Once the form is saved, users can navigate to the **'Referral Portal'** tab to manage all referrals that are sent

Select an Organization

- Crisp Internal Use Only - DC
- DC Hunger Solutions
- Dream to SOAR
- Hope Connections for Cancer Support
- Rebuilding Together DCA
- Smith Center for Healing and the Arts
- Sorogi
- The YMCA of Metro Washington

\* Organization

\* Programs

\*  
Please enter all relevant information that you would like relayed to the accepting provider below:

Example: Luke Skywalker is a 44 y.o. male who presented to ABC Family Practice and qualifies for enrollment into a DPP. Per most recent encounter on 4/1/19, BMI is 32, HbA1c level is 6.2. No previous diagnosis of DM1 or DM2. Counseled patient on lifestyle changes including healthy eating habits

Choose Files No file chosen

Programs

- Diabetes Prevention Program
- Diabetes Self-Management Education and Support (DSMES) Program

CDC recognized program designed to delay or prevent type 2 diabetes. 25 weekly group classes facilitated by DPP certified lifestyle coaches. Coaches lead discussion on lifestyle changes that can alter behavior and results in improve health. Participants have

# CRISP Referral Tool

## Receiving Referrals (CBO)

CBOs can access the DC Portal to respond to referrals by using the 'Referral Portal CBO' tab.

In this tab, CBOs can update information in the referral form at any point in time, such as the status, demographic information, SSN, free-text care notes, and care manager contact information. Any changes to a patient's referral form will be reflected in their referral record within the Referral History tab.

The screenshot displays the CRISP Referral Tool interface. On the left is a sidebar with navigation options: 'Referral Portal CBO' (highlighted in red), 'Referral Portal MCO', 'Directory', and 'EDAS - Emergency Department Advisor...'. The main area is titled 'Referrals Overview' and includes a 'Look up Referral' search bar. Below the search bar is a table with the following columns: Name (last, first), Gender, DOB, Doctor, Health Org., Ref. Date, Referral Status, Accepted Date, and Programs. Two rows of data are visible:

Name (last, first)	Gender	DOB	Doctor	Health Org.	Ref. Date	Referral Status	Accepted Date	Programs
GRAPE, GILBERT		Jan 1, 1984	Sheena Patel	CRISP Internal Users - Break Glass	Dec 21, 2022	Pending		
GRAPE, GILBERT	M	Jan 1, 1984	Sheena Patel	CRISP Internal Users - Break Glass	Dec 6, 2022	Pending		

To the right of the table, a dropdown menu titled '\*Enrollment Status' is open, showing the following options: Pending, Enrolled, Rejected, Completed, and Disenrolled.

# CRISP DC and FindHelp

## Referral Data Sharing

- FindHelp clients amend their existing network addendum to share referral data with the DC HIE!
- This enables **all CRISP users** to view patient referral data in the Referral History tab, regardless of where the data was captured. This includes:
  - Date
  - CBO program
  - Referral Status
  - Referring provider information
  - Referral Source (FindHelp or CRISP tool)
- MedStar Regional is the first client with FindHelp data to display in Referral History, and CRISP DC is actively engaging with other DC FindHelp participants

Date of Referral	Source	Program Name	Status	Last Updated
[REDACTED]	FINDHELP	Food & Nutrition	Pending	[REDACTED]
[REDACTED]	FINDHELP	Nutritious Food Sites	Pending	[REDACTED]

Referral History  
Food & Nutrition  
Date Updated: [REDACTED]

**Referral Sender**

*Referring Provider:* Not Provided  
*Referring Provider Organization:* Not Provided  
*Referring Provider Phone:* Not Provided  
*Referring Person:* [REDACTED]  
*Referring Person Organization:* MedStar via Find Help  
*Referring Person Email:* Not Provided

**Referral Recipient**

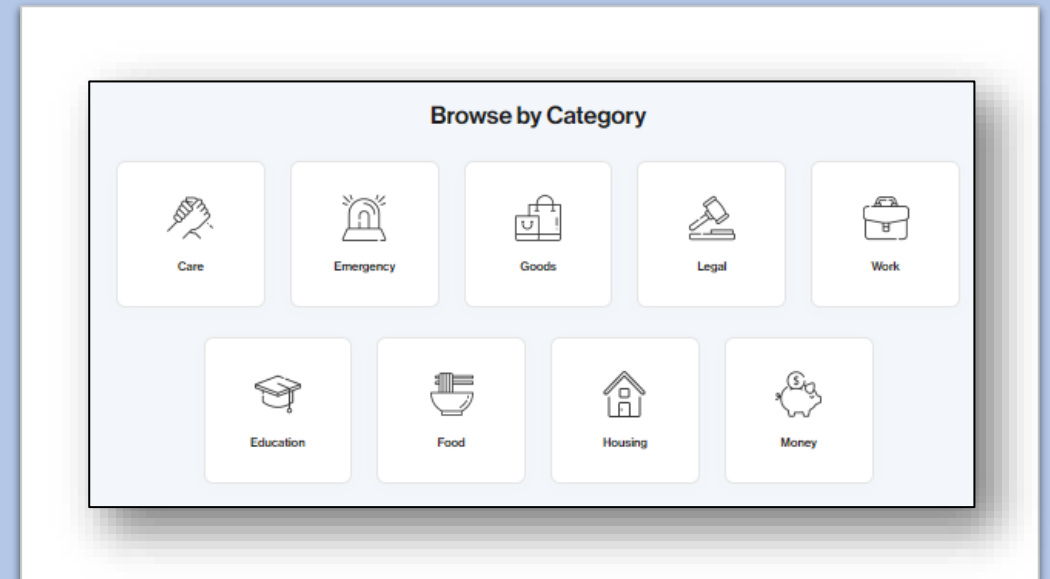
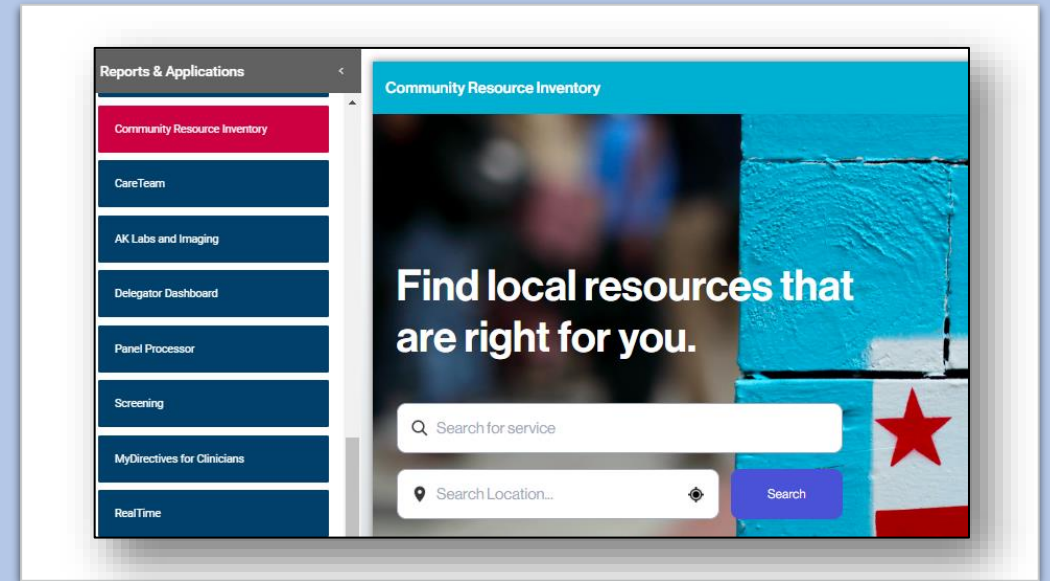
*Organization:* Find Help  
*Program:* Food & Nutrition

# DC Community Resource Inventory

The DC CRI (labeled '**Community Resource Inventory**' in CRISP) is available via the DC Portal, and a [publicly accessible website](#).

Users can access the CRI to understand the scope of services available in the District.

Organizations can be found by using the search function, location (zip-code), service category, or by viewing a full list of services and organizations using their respective tabs at the top of the page



# Here's how you can participate and grow the CoRIE network

Already capturing screenings and assessments in your EHR or through a 3<sup>rd</sup> party vendor?

Share screening results from CSV, 3<sup>rd</sup> Party Network Platforms, Other Sources

- Talk to us about how your organization can contribute assessment or social conditions (z-codes), so that others on your patient's care team can view this information in the DC HIE.

Don't have an electronic screening tool and would like to use one?

**CRISP DC**  
Screening Tool

- Talk to us about how you can get credentialed to use the CRISP DC Screening Tool. Access can be requested by emailing [DCOutreach@crisphealth.org](mailto:DCOutreach@crisphealth.org).

Know any coalitions and organizations that have existing resource inventories?

DC Community Resource Inventory (CRI)

- Talk to us about which organizations and coalitions we can engage to contribute resource data to the CRI

Does your organization have a resource inventory?

- Talk to us about how your org can contribute resource and commit to being a data steward for ongoing data maintenance

Already using FindHelp to make referrals to CBO-based services?

Share referral history from 3<sup>rd</sup> Party Network Platforms, etc.  
 

- Talk to us about how your organization can opt-in to share referral data through FindHelp

Don't have an electronic referral platform and need one to make social needs referrals?

**CRISP DC**  
Referral Tool

- Talk to us about how you can get credentialed to use the CRISP DC Referral Tool to send community-based referrals
- Talk to us about who those organization are so that we can ensure they're included in the CRISP DC Referral Tool to receive and respond to referrals electronically. Access can be requested by emailing [DCOutreach@crisphealth.org](mailto:DCOutreach@crisphealth.org).

Currently making referrals to CBOs for services?

Just want to view SDOH data in CRISP as a DC HIE user and that's all?

**CRISP DC**  
Social Needs Data  
➤ Conditions Subtab  
➤ Assessments Subtab  
➤ Referral History Subtab

- Talk to us about how to view social needs data, such as referral history, assessments, and documented SDOH conditions for your patient panel

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



*Allocated Time: 4:27 - 4:50 PM (30 mins.)*





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

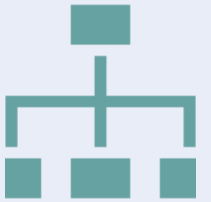


### State Health IT Coordinator

*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.*

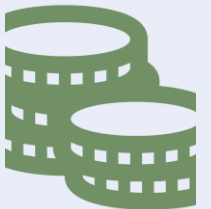


### Strategic leader and convener

*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

Division Director



**Deniz Soyer**

[deniz.soyer@dc.gov](mailto:deniz.soyer@dc.gov)



**Infrastructure &  
Connectivity**



**Nathaniel Curry**

*Project Analyst*  
[nathaniel.curry@dc.gov](mailto:nathaniel.curry@dc.gov)



**Outreach &  
Technical  
Assistance**



**Eduarda Koch**

*Project Manager*  
[eduarda.koch@dc.gov](mailto:eduarda.koch@dc.gov)



**Maava Khan**

*Program Analyst*  
[maava.khan@dc.gov](mailto:maava.khan@dc.gov)



**Policy &  
Governance**



**Asfiya Mariam**

*Policy Analyst*  
[asfiya.mariam@dc.gov](mailto:asfiya.mariam@dc.gov)

# District Designated HIE Entity Updates

**Stephanie Brown**

*Executive Director*

*CRISP DC*

*Allocated Time: 10 mins.*

# Virginia is now a CSS Affiliate!

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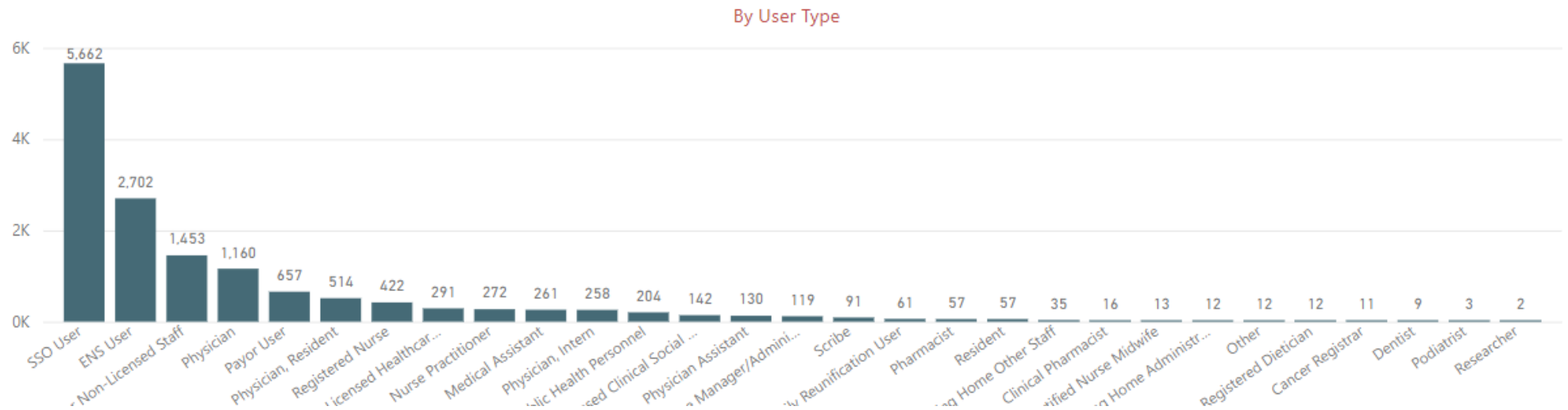
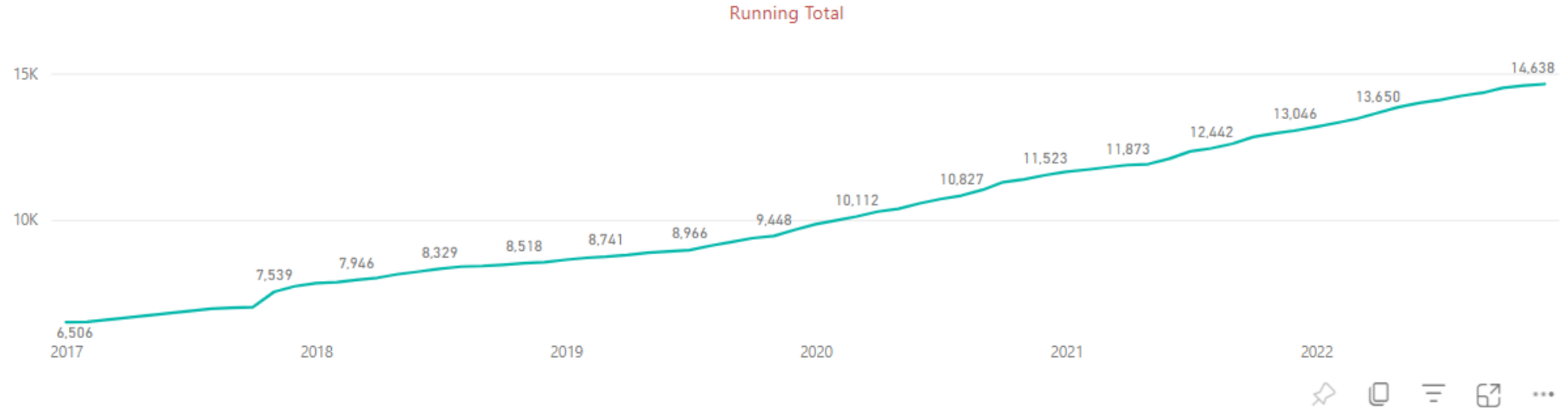


VHI (Virginia Health Information) has become a full affiliate. They are working with stakeholders to share best practices from our Health Data Utility model.

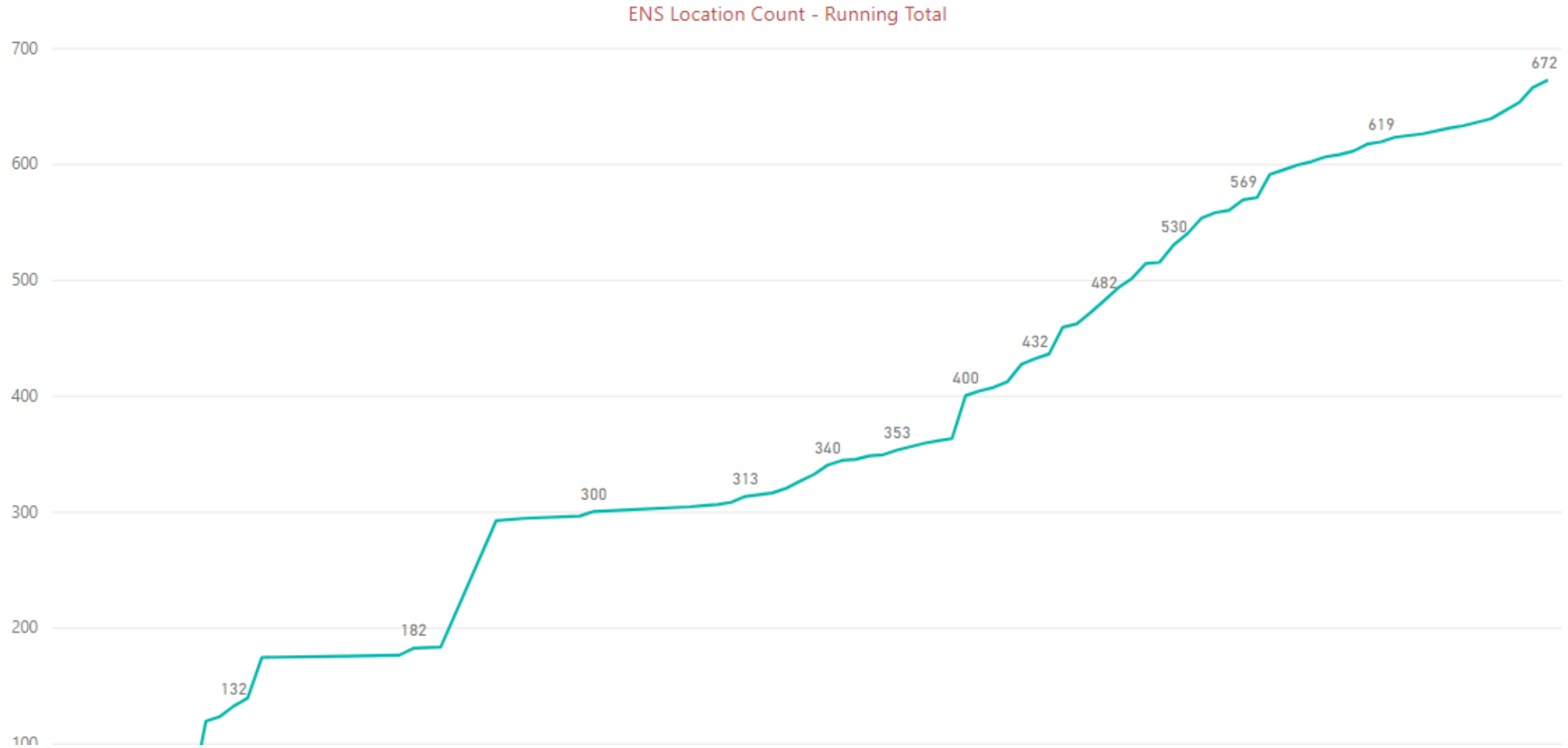


CRISP Shared Services will be onboarding VHI incrementally to the shared infrastructure, starting with public health data feeds and hospital data.

# CRISP DC Active Users



# Organizations Provisioned for ENS



# Participating Organizations and Data Sharing

Month

Quarter

Year

Locations w/ Signed PA

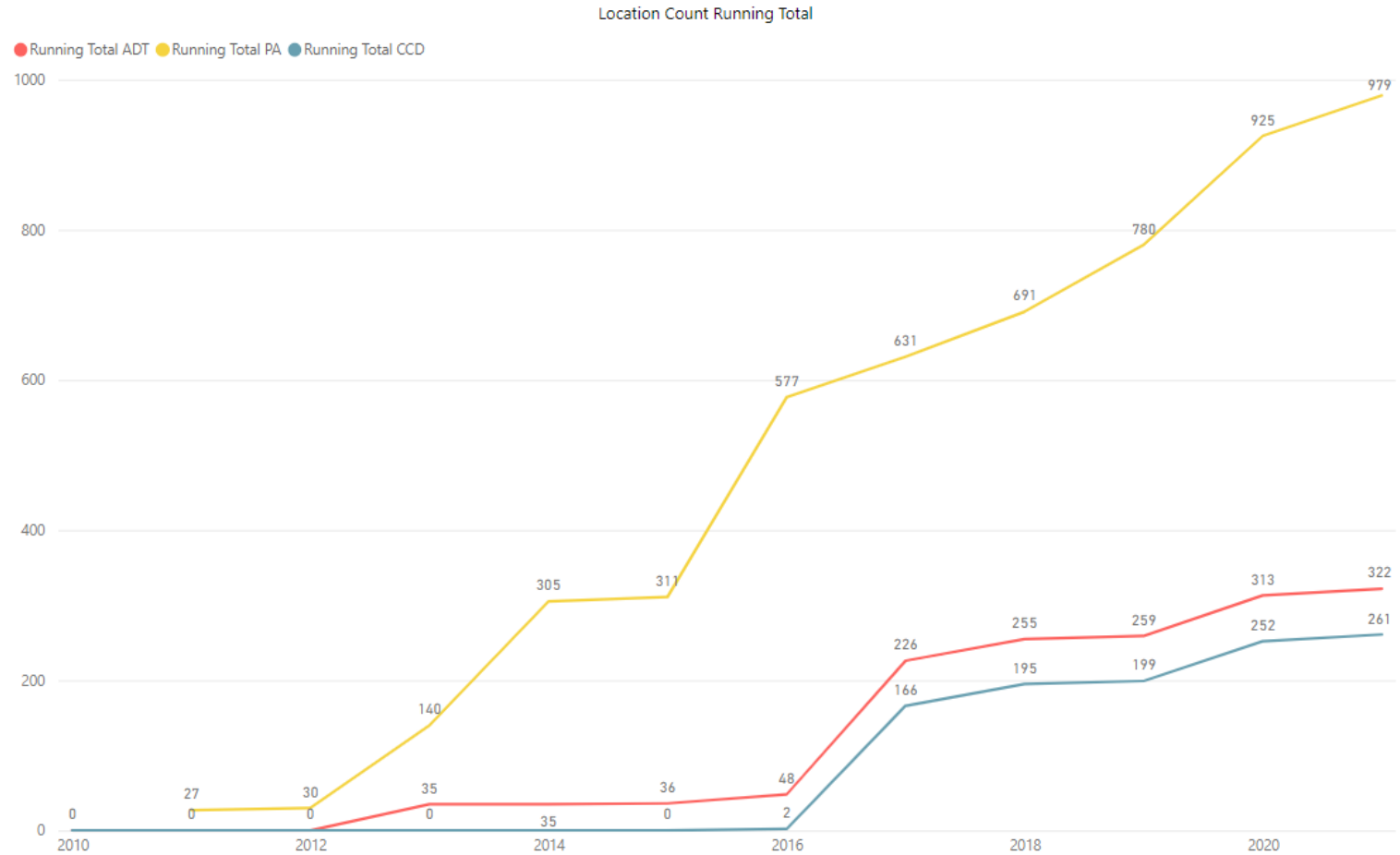
1003

ADT Sending Locations

324

CCD Sending Locations

263



# Substance Use Disorder Data Sharing

**Patient Consent to Disclose Substance Use Disorder (SUD) Treatment Information** ✕

**Patient Details**

Name	Jack Tripper
Date of Birth	01/01/1960
Address	909 California Street NW
City	Washington
State	DC
Zip	20009
Phone	202-5551234

**Information about this Consent**

By completing and signing this form, you will be allowing your Substance Use Disorder treatment provider to share information about your Substance Use Disorder treatment with the HIE who will then share it with other members of your health care team. These could include your primary care provider, hospital providers, emergency providers and other individuals who are involved in coordination of your care. The information will be shared with providers who participate with CRISP the health information exchange. These providers must adhere to all state and federal law with regards to keeping your information private. You can request a list of providers who have received your information by completing an accounting of disclosures requests at <https://disclosures.org/health.org>. A list of Frequently Asked Questions (FAQ) about sharing SUD treatment data through CRISP can be found at <https://disclosures.org/wp-content/uploads/2021/03/Share-Your-SUD-Treatment-Data-Through-CRISP-3-25-21.pdf>.

**Consent to Disclose My Substance Use Disorder Treatment Information**

From Whom I authorize disclosure by any of my past, present, and future Substance Use Disorder treatment providers that share data with CRISP.


To Whom I authorize disclosure to CRISP who may then disclose the information to any of my past, present or future providers involved in my care who participate with CRISP. I can request a list of all providers who have received my information by going to <https://disclosures.org/health.org>.

**Signature/Attestation**

Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

**Patient Signature**

By signing below, I acknowledge that I have received a copy of the HIE's Notice of Health Information Practices, and that I have read it and understand it.

 ✕

Please, sign above \*

CRISP DC is the first CRISP affiliate to have SUD data shared into the sensitive document repository.

One District organization is now sharing SUD CCDs.

These CCDs will only be shared upon explicit patient consent through the CRISP DC HIE Consent Tool.



# Please visit us at CRISPDC.ORG

The screenshot shows the CRISP DC website header with navigation links: About, Solutions, Resources, For Patients, Sign in, and Register for HIE. The main content area is dark blue with the title 'Sharing Social Needs Referral Data' and subtitle 'Through the Community Resource Exchange'. Below this is a paragraph explaining the CoRIE initiative and its goals. A smaller paragraph below that describes the partnership with DHCF and District stakeholders. At the bottom, there is a list of links: (+) Share Data, (+) View Data, (+) Benefits of the CoRIE Initiative, and (+) How to Participate.

CRISP DC

About Solutions Resources For Patients

Sign in Register for HIE

## Sharing Social Needs Referral Data

### Through the Community Resource Exchange

The Community Resource Information Exchange (CoRIE) initiative aims to prioritize the collection, exchange, and use social needs data to reduce barriers and improve whole-person care in the District. Addressing social needs relies on screening patients to identify social risks, assisting them as appropriate, and tracking efforts that meet their needs.

CRISP DC and DHCF have partnered with District stakeholders to enhance these activities by developing a technical solution, through CoRIE initiative, that facilitates the ability to conduct, share, and display closed-loop electronic referrals via the DC HIE. This approach aligns with the district's priority areas in collecting and making effective use of social needs as part of the District 5-year roadmap to address current and future digital health needs.

The CoRIE referral component enables health, human, and social service organizations to share and view social needs referral data:

- (+) Share Data
- (+) View Data
- (+) Benefits of the CoRIE Initiative
- (+) How to Participate

We are continuing to grow the resource library on our website.

Please visit [CRISPDC.org](https://www.crispdc.org) for more information about the services we offer.

# DC HIE Infrastructure

**Deniz Soyer**

*DHCF*

*Allocated Time: 10 mins.*

# Topics

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- DC HIE Interagency Data Use Workgroup

# There is a need to centralize requests for new DC HIE use cases from District government agencies

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- DHCF and CRISP DC have received requests from sister agencies for new uses of the DC HIE.
- To date, use case ideas and requests have been submitted to different individuals at CRISP DC and at DHCF, and often require follow-up with the requesting party for additional detail.
- There is currently no venue or standardized process to:
  - Bring use case ideas from sister agencies for review
  - Prioritize use cases for implementation based on a set of factors/criteria
  - Triage use cases based on data requested and technical needs required
- Some of these use cases can be categorized as **secondary use data** as they include data that may be individual identifiable, de-identified, or aggregate

# We are implementing a centralized new process for requesting and reviewing new use cases

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**1**

Requestor submits use case ideas in writing via e-form

**2**

Requestor presents and discusses use case at the DC HIE Data Use Workgroup

**3**

DHCF triages use case for review or implementation based on set criteria

**4**

Use case undergoes technical evaluation panel review or 'gold carded' for approval

**5**

Requestor receives notification of approval or denial of use case

**6**

Approved use cases are referred to CRISP Clinical Committee

**7**

Approved use cases are publicly posted

**8**

CRISP team works with requestor and DHCF for implementation

# Use cases must be submitted in our standardized form and presented to the Workgroup

---

1

**Requestor submits use case ideas in writing via e-form**

*All requestors from DC Government Partner Agencies will be required to complete this form for new uses of the DC HIE.*

[Smartsheet Link](#)

- Collects essential information on the proposed use cases:
  - 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.
- Use cases **must** be submitted no later than 5 business days prior to the meeting date.

2

**Requestor presents and discusses use case at the DC HIE Data Use Workgroup**

*A new forum for DC agency staff to present and discuss proposed HIE data use ideas*

- Meets 2<sup>nd</sup> Monday of every month, starting 2/13, 3p
- Standing members will include representatives from DHCF (Digital Health and Privacy staff), CRISP DC.
- Workgroup will be open to any staff from DC Health, DBH, or other sister agency that have submitted a use case request.
- Two (2) pre-submitted use cases will be presented by requesters per meeting
- Time will be used to discuss clarifying questions on submissions that will be used to triage and prioritize for implementation

# Each use case presentation at the Workgroup will be triaged



DHCF triages use case for review or implementation based on set criteria

*A set criteria will determine whether the use case will be reviewed by a separate technical evaluation panel (TEP) or if it can be gold-carded for implementation*

## Purpose of the Request

What is the purpose of the request?  
Who will use this information?  
How is the data used and why?  
Is it a priority area under the 2022 SMHP update?  
Is the request for an internal or external proposed use?

## Time-Period of Request

What is the time period for the request?  
Is this a one time/ad-hoc request?  
Does it require updated data over time?

## Identifiable vs. De-identifiable

Does the use case include use of personally identifiable information?

## Policy or Regulatory Needs

Is the use case allowable?  
Is policy guidance needed to implement?

*Public health, population health, health-related social needs, care coordination use cases will be prioritized*

# Triage leads to two major pathways for use cases to determine approval or denial

4a

## Technical Evaluation Panel Review

- The TEP will work to assess feasibility, conceptualization, design, and adoption of the submitted use case
- The TEP will include DHCF Digital Health team staff, privacy officers, Designated and Registered HIE Entity Representatives
- The TEP may consult other SME's on a case-by-case basis
- HIE Policy Board subcommittees may be consulted for input on items such as patient consent
- The TEP will vote to approve or deny the use case

4b

## Gold Card for Implementation

- Use cases that –
  - Use de-identified data
  - Require information that is presented in the aggregate
  - Utilize previously discussed data elements, and/or
  - Align with a previously approved use casewill be **'gold carded'** or **automatically approved** by the DHCF Digital Health team
- The TEP will be notified of any approved gold-carded use cases



# Use Case Decision, Publication, and Implementation

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5

**Requestor receives notification of approval or denial of use case**

- DHCF Digital Health Team staff will send all requestors written notification of the disposition of their use case request. This will include reason for the decision.
- If the use case is approved, next steps for implementation and collaboration will be outlined in this written notification

6

**Approved use cases are referred to CRISP Clinical Committee**

- Any new uses of CRISP data are also reviewed and documented by CRISP's Clinical Committee
- Once this is complete, cases can be assigned to project leads for design, development, and implementation

7

**Approved use cases are publicly posted**

- All approved use cases will be shared during the quarterly DC HIE Policy Board meeting and published on DHCF's website for purposes of awareness and transparency

8

**CRISP team works with requestor and DHCF for implementation**

- CRISP project leads in coordination with DHCF will be assigned to work with the use case requestor and their team to support development, implementation, and maintenance of the use case.

# Use cases previously submitted to CRISP in a PDF will need to be resubmitted using our e-form

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- These use cases received from DC Health will be prioritized for review – these need to be resubmitted using the [e-form](#) (apologies in advance for any inconvenience):
  - Transportation-related injuries at hospitals
  - Overdose cases at hospitals
  - Firearm injuries at hospitals
  - Disease-specific Emergency Department Visits that resulted in discharge from ED vs. became inpatient
  - Enhance reported cancer case surveillance data
  - Aggregate colorectal and breast cancer screening
- Other agency partners are also invited to share their use case ideas through our [e-form](#)
- Moving forward, requests received by CRISP or DHCF staff will be redirected to the [e-form](#) to start the use case submission and review process

# Next Steps: First DC HIE Interagency Use Case Meeting

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- **Meeting Date and Time:** Monday, February 13, 2023, 3-4pm
- Two priority use cases from DC Health will be reviewed first – in coordination with the IT Data Manager/Data Governance Officer.
- Calendar invites will go out next week to standing Workgroup members.
- Invites will be sent to use case requestors for the dates that their use case is scheduled for review.

# Digital Health Technical Assistance (TA) Program

**Eduarda Koch**

*DHCF*

**Maava Khan**

*DHCF*

*Allocated Time: 5 mins.*

# Topics

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- HCBS Digital Health TA Grant Overview
- CMS Presentation for System Reuse – HITECH Close Out

# HCBS Digital Health TA - Service Offerings

## Program Management Services

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

## Promoting Interoperability (PI) Program

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

## Telehealth Program

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

# HCBS Provider Eligibility Criteria

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- A non-profit or for-profit entity or governmental entity
- A Medicaid provider organization that has adjudicated claims within FY21-FY23 from DHCF to provide services either through contract or fee-for-service
- Licensed, as applicable, by an affiliated government agency:
  - Department of Behavioral Health (DBH):
    - Mental Health Rehabilitation Services (MHRS);
    - Adult Substance Abuse Rehabilitation Services (ASARS); and
    - Other Rehabilitation Services providers certified to provide services to the extent permitted by and in accordance with District law and regulations
  - Department of Health Care Finance (DHCF):
    - Home Health Agencies (HHA);
    - Assisted Living Facilities (ALF); and
    - Certified Medical Assistants (CMA) providers licensed to diagnose and treat health care conditions to the extent permitted by and in accordance with District law and regulations.
    - Home and community-based service providers enrolled by DHCF to deliver 1915(c) or 1915(i) services or supports, which includes Adult Day Health Programs (ADHP)
  - Department of Disability Services (DDS):
    - Home and community-based service providers delivering 1915(c) services or supports, which includes services authorized under the People with Intellectual and Developmental Disabilities HCBS Waiver Program (IDD Waiver) and the Individual and Family Supports HCBS Waiver Program (IFS Waiver)
  - Department of Human Services (DHS):
    - Home and community-based service providers enrolled by DHCF to deliver 1915(i) services or supports, which includes Housing Support Services

# Meet the HCBS Digital Health TA Team

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**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*



**ZANE NETWORKS**

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



*PIP TA Lead for BH  
providers*



*PIP TA Lead for HIE  
Integration*



*TA Lead for Telehealth  
Services*

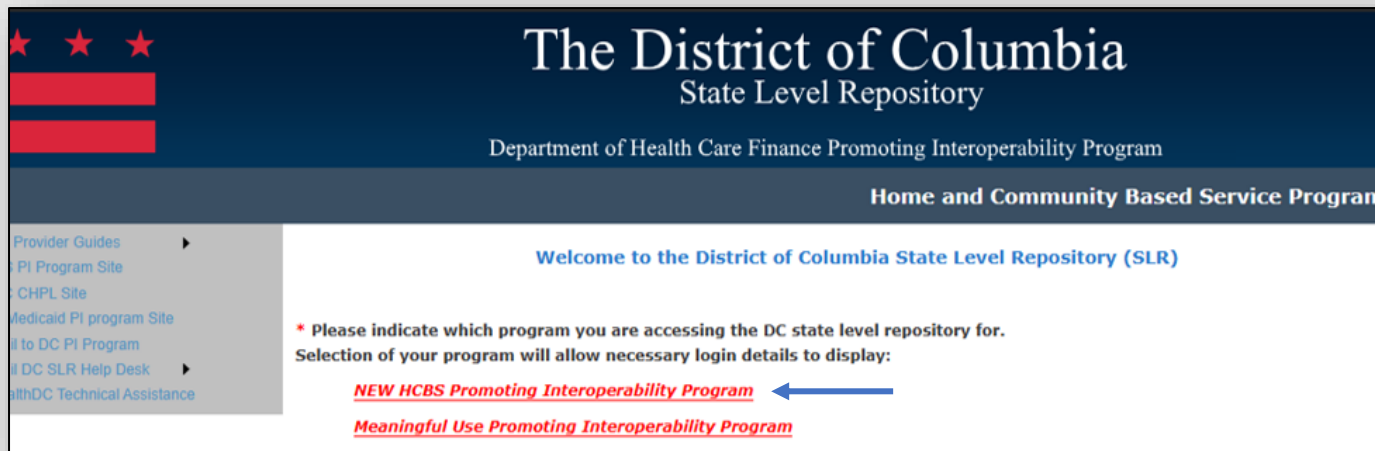


# Key Accomplishments to Date

- Continued to meet with DC regulatory agency representatives and provider cohorts, including Department of Behavioral Health, Housing Support Services, Long Term Support Services, and Disability Services, to provide program updates and seek assistance for provider engagement.
- Collaborated with DHCF to finalize program eligibility requirements and establish guidelines for selection of HCBS PI TA program tracks.
- Conducted the HCBS Stakeholder Advisory Committee Kickoff Meeting in November 2022 with provider partners and leadership representatives from various regulatory agencies.
- Continued discussions with HCBS CEHRT vendors to discuss group purchasing options and confirm ability to meet DC HIE requirements.
- Launched the HCBS PI/Telehealth Program CRM to track practice assessment results and project status.
- Continued build-out of the eHealthDC website to support the HCBS Digital Health PI/Telehealth program objectives in preparation for a late January 2023 launch.
- Conducted outreach to eligible provider cohorts for the HCBS PI Program and began phased delivery of TA services:
  - Conducted initial kickoff calls to discuss program eligibility and TA offerings
  - Collected and executed participation agreements to complete provider enrollment process
  - Conducted practice assessments to identify and assign appropriate TA service ‘track’ and prioritization of services for each provider
  - Created a practice-specific customized Scope of Services document and practice work plan from assessment results
  - Began TA delivery of services and submission of milestone incentives

Cohort	# of Practices that Received Outreach	Kick off Meetings held	M1 Attestations Submitted	M2 Attestations Submitted
MHRS/Mental Health	45	44	16	15
ASARS/ SUD	18	13	9	3
HSS	17	5	5	3
LTSS	57	13	-	-
DDS	Beginning Jan. 2023	-	-	-

# DC Plans to Reuse the State Level Registry System!



- In October 2018, DHCF entered into a contract with HealthTech Solutions, Inc. to implement an operational SLR in support of the original PI program. The extended function of the SLR now is to receive and process all HCBS PI Program payment applications to Medicaid providers in accordance with the District’s ARPA Section 9817 Initial Narrative and Spending Plan.
- To begin, the provider organization will initiate the HCBS Promoting Interoperability Program registration process by accessing the DC SLR system at [DCSLR](#) (see image of sign-in screen).
- The provider organizations will select “NEW HCBS Promoting Interoperability Program” to navigate to the correct login/registration screen.

# HCBS PI Program Incentive Updates as of 01/19/2023

Program Track	Incentive Amount	# of Incentives Received by HCBS POs*
<b>Track 1: Implement a New EHR</b>	<b>Track 1 Total: \$44,000</b>	<b>Track 1 Unique POs attesting: 22</b>
Milestone 1.1: Participation Agreement	Milestone 1.1: \$2,000	22
Milestone 1.2: Sign scope of services and work plan	Milestone 1.2: \$2,000	14
Milestone 1.3: New technology purchase	Milestone 1.3: \$22,500	-
Milestone 1.4: Complete technology go-live and training	Milestone 1.4: \$7,500	-
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	-
<b>Track 2: Upgrade an Existing EHR</b>	<b>Track 2 Total: \$26,000</b>	<b>Track 2 Unique POs attesting: 1</b>
Milestone 2.1: Participation Agreement	Milestone 2.1: \$2,000	1
Milestone 2.2: Sign scope of services and work plan	Milestone 2.2: \$2,000	-
Milestone 2.3: Technology upgrade purchase	Milestone 2.3: \$8,000	-
Milestone 2.4: Complete technology go-live and training	Milestone 2.4: \$4,000	-
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	-
<b>Track 3: Optimize Existing EHR or Case Management System</b>	<b>Track 3 Total: \$17,000</b>	<b>Track 3 Unique POs attesting: 7</b>
Milestone 3.1: Participation Agreement	Milestone 3.1: \$2,000	7
Milestone 3.2: Sign scope of services and work plan	Milestone 3.2: \$2,000	7
Milestone 3.3: Integration technology purchase	Milestone 3.3: \$3,000	-
Milestone 3.4: N/A	Milestone 3.4: N/A	-
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	-
<b>Total \$ distributed in incentives to date: \$102,000</b>		<b>30</b>
<b>Total # of Unique POs participating to date:</b>		<b>30</b>

PO\* = Provider Organization

# Registered HIE Entity Renewals

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

## District Registered HIE Entities



**CRISP**



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

CRISP Reg. Term: November 28, 2022 – November 27, 2025

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

## District Designated HIE Entity



**CRISP**

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

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

# DHCF implemented a renewal process for registered HIE entities

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- 1 Pre-application Preparation**

DHCF prepares application materials and identifies members for the HIE Registration Review Panel.
- 2 Application Launch**

HIE registration renewal application materials posted on the DHCF website.

DHCF performs initial review for application completeness
- 3 Application Review Period**

DHCF works with established the HIE Registration Review Panel (HRRP) and internal teams to perform a technical review of application.

Results of application review provided to applicants
- 4 Post Approval or Declination of District's Registered HIE Status**

DHCF website updated with District Registered HIE Entity information.
- 5 Administrative Review of Denied Application (if needed)**

HIE Entity may request administrative review and reconsideration as set forth in section 8713 of the DC HIE Rule.

# DCPCA is now eligible for renewal!

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



# Public Comments



*Allocated Time: 5 mins.*



# Next Steps/ Adjournment



*Allocated Time: 5 mins.*

# Upcoming HIE Policy Board Meeting

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- **Date and Time:** April 20, 2023 from 3:00 pm to 5:00 pm ET
- **Location:** DHCF Offices, 441 4th Street, NW Room 1028N

*Stay tuned for more information closer to the meeting date!*