



**District of Columbia
Health Information Exchange
Policy Board Meeting**

Thursday, July 20, 2017
10:00 AM – 12:00 PM

Location:
One Judiciary Square
441 4th Street, NW
Main St. Conference Room, 10th Floor
Washington, DC 20001

**Board Members
(Invitees):**

Members present (9):
Agnes Addington – designee on behalf of Mary Jones-Bryant, RN (District of Columbia Nurses Association); Brady Birdsong (DC Department of Behavioral Health); Angela Diop, ND (Unity Health Care, Inc.); Erin Holve (DC Department of Health Care Finance) – *Board Chair*; LaQuandra Nesbitt, MD (DC Department of Health); Donna Ramos-Johnson (DC Primary Care Association) - *Board Vice Chair*; Alison Rein (AcademyHealth); Claudia Schlosberg (DC Department of Health Care Finance); James Turner (Health IT Now Coalition);

Members present via teleconference (5):
Edwin Chapman, MD (Private Practice and Leadership Council for Healthy Communities); Kelly Cronin (The Office of National Coordinator); Victor Freeman, MD (JA Thomas & Associates); Justin J. Palmer, MPA (DC Hospital Association); Pete Stoessel (AmeriHealth)

Members absent (8):
Christian Barrera (Office of Deputy Mayor for Health and Human Services); Dena Hasan (DC Department of Human Services); Brian Jacobs, MD (Children’s National Medical Center); Brian Sivak (Robert Wood Johnson Foundation and Civic Hall); Eliot Sorel, MD (Medical Society of the District of Columbia); William Ward (Catholic Charities); Zach (Aaron) Hettinger (National Center for Human Factors in Healthcare/MedStar; Barney Krucoff (DC Office of the Chief Technology Officer);

DHCF/HCRIA/HIE Staff present (4): DaShawn Groves; Eduarda Koch; Noah Smith; Deniz Soyer;

Guests (6): Rachel Abbey (ONC); Amit Desai (CRISP); Andrae Jepsen (CRISP); Hank Rogers (Clinovations GovHealth), Anita Samarth (Clinovations GovHealth); Jim Younkin (CRISP)

AGENDA

**Call to Order and
Announcement of Quorum**
[10:00 - 10:05 AM]

Board Chair, Dr. Holve, called the meeting to order at 10:10 AM.

Dr. Holve, announced quorum at 10:10 A.M.

Dr. Holve notified the Board that the meeting was being recorded.

**Approval of April 20, 2017 HIE
Policy Board Meeting Minutes**
[10:05 AM]

Board Action: Motion was made by Mr. Turner to approve minutes. The motion was seconded by Ms. Ramos-Johnson. The motion was passed unanimously.

DHCF HIT/HIE Staff Reports

[10:05 - 10:30 AM]

- New Staff Introduction
- DHCF Workplan Update
- Special Session on HIE Sustainability
- State Medicaid Health IT Plan
- Technical Assistance and Outreach Update
- HIT/HIE IAPD Submission Plan

New Staff Introduction

Dr. Holve introduced the Board to new staff on the HIE/HIT team at DHCF:

- Noah Smith, Program Manager, HIT
- Eduarda Koch, Project Manager, EHR Incentive Program
- Deniz Soyer, Project Manager, HIT/HIE

Mr. Smith announced that a new management analyst would be joining the HIT/HIE team and will be working very closely with the Policy Board.

DHCF Work Plan Update

Dr. Holve reviewed progress on the DHCF Work Plan. By and large the team has been staying on track with HIEPB timeline goals and deliverables. Dr. Holve discussed changes to some of the timelines, namely:

- DC HIE Designation Requirements, which will be developed between February and July 2017.
- Sustainability special session will be held in August 2017
- Long-term stakeholder engagement plan and a high-level sustainability plan will be presented at the December 2017 meeting

Special Session on HIE Sustainability

The Sustainability Subcommittee will present findings from stakeholder interviews that are being conducted. Clinovations GovHealth will also present progress in supporting DHCF in its revision of the State Medicaid Health IT Plan (SMHP). Dr. Holve stated that this will be an opportunity for the HIEPB to review findings from the sustainability stakeholder outreach interviews and focus groups and to provide feedback on the SMHP draft. She stated that staff have been meeting with several members of the community and emphasized the increase in stakeholder outreach activity in June and July.

Staff will send out a Doodle Pool to Board members to schedule the special session in August.

State Medicaid Health IT Plan (SMHP)

Ms. Soyer provided an update on SMHP progress. Clinovations GovHealth is supporting DHCF in the development of a complete revision of the SMHP. This work includes: 1) conducting an environmental scan of existing sources of data and collecting additional data; 2) organizing, facilitating, or supporting meetings and focus groups to collect feedback and input from community stakeholders and consumers; and 3) Preparing narrative content as well as graphs/visuals.

Ms. Soyer stated that DHCF is using the opportunity to revise the SMHP to reframe the conversation on HIT and HIE. Previous versions of the SMHP focused on HIT/HIE implementation in the District. The revised version will focus on how the District's HIT/HIE infrastructure can support practice transformation and improvement.

Ms. Soyer presented emerging themes from stakeholder interviews and focus groups that would be reflected in the SMHP.

Technical Assistance and Outreach Update

Ms. Soyer notified the Board that CMS awarded an extension of the Medicaid EHR Incentive Program (MEIP) thru August 31, 2017. This is the final year for eligible providers to attest to adopting, implementing and upgrading (AIU) to

	<p>federally certified health IT. Ms. Soyer urged the Board to help DHCF and eHealthDC spread the word about this opportunity.</p> <p>Ms. Soyer updated the Board on TA and outreach efforts targeting eligible providers for participation in the Medicaid EHR Incentive Program. Since March 2017, DHCF has been working with eHealthDC and Zane Networks to conduct targeted outreach activity based on provider Medicaid claims volume and practice size. Over 1,600 providers have been contacted through mailings, phone calls, or in-person outreach. Over 800 providers have been engaged in a conversation about MEIP. 58 providers have signed up to receive technical assistance. Dr. Holve added that the goal is to sign up 85 new providers to participate in the MEIP and emphasized that we are 2/3 of the way to reaching our goal.</p> <p>Ms. Ramos-Johnson mentioned some challenges and reasons providers do not participate in the MEIP: 1) they do not meet patient volume; 2) they are simply not interested in participating; or 3) they have already participated in other states. Dr. Nesbitt recommended that DHCF conduct analysis to understand the barriers to MEIP participation and gauge reasons for participation rates. The Board requested a detailed final report on the results of outreach efforts and comparisons in participation by provider type.</p> <p>Ms. Ramos-Johnson stated that eHealthDC staff has conducted outreach to organizations, including D.C. Medical Society among others. Dr. Holve added that DHCF has reached out to organizations through transmittal announcements and outreach presentations. The Board stated that outreach efforts should be sure to include peer-to-peer outreach.</p> <p><u>HIT/HIE IAPD Submission Plan</u></p> <p>Mr. Smith provided an update regarding the IAPD submission plan. He stated that the last IAPD-U was submitted in January 2017 and approved in March. The contents of this IAPD-U included the enhanced HIE grant, HIT TA and outreach contract, as well as contract MEIP services and staff. An IAPD-U will be submitted at the end of July to ensure ongoing services into FY2018. Provisions will include: 1) extending the HIE grant (without scope or cost increase) through the calendar year; 2) allow DHCF to exercise an option year on the TA/Outreach contract; and 3) allow the MEIP contract to continue through March 2018.</p> <p>Mr. Smith also stated that a new IAPD will be submitted in early 2018 with innovative HIT and HIE proposals. He stated that DHCF is committed to getting the Board’s input on project priorities and opportunities to build on the current HIE infrastructure. This will be the focus of the September Board meeting. Staff will then dedicate the remainder of the calendar year to drafting the IAPD with a goal to submit the final IAPD in January.</p>
<p><u>HIE Designation: Review of Concepts</u> [10:30-11:15 AM]</p>	<p>Ms. Soyer provided an update on the progress of the HIEPB Designation Subcommittee. The Subcommittee has met five times this year: March 21, April 11, April 27, June 29, and July 13. The purpose of the Subcommittee is to establish a core set of standards, formalize partnerships, streamline the District’s ability to provide resources, and ensure sustainable exchange of health information.</p> <p>To date, the Subcommittee has developed a formal definition of HIE and reviewed other states’ regulatory approaches to HIE designation. Based on its</p>

	<p>research, the Subcommittee decided to use the Maryland regulations as the foundation for developing the District’s regulations due to its emphasis on privacy and security.</p> <p>In working with the Subcommittee, staff has developed a first draft of the rules and is currently revising the document. Ms. Soyer reviewed the timelines for HIE designation. Staff will incorporate feedback from the Board and continue drafting the rule through mid-August. Staff will commence internal circulation of the rule in late August and undergo the external review and public comment process through the end December.</p> <p>Ms. Soyer then asked the Board to provide feedback on the two-step registration and designation process that has been proposed by the Subcommittee. She also asked the Board to provide feedback on how the rules should: 1) enable existing HIEs to continue operation; and 2) encourage new HIEs to enter the market.</p> <p>Ms. Cronin and Rachel Abbey from the ONC briefly discussed the 21st Century Cures legislation and how it could impact the District and other jurisdictions. Ms. Abbey gave a brief overview on 21st Century Cures and the Trusted Exchange Framework. She stated that ONC is kicking off a series of three meetings consisting of presentations from network representatives that are sharing various use cases from around the nation. She stated that as HIEs are becoming increasingly robust, more networks and entities will want to start participating and sharing data.</p> <p>Board Vice-Chair and Subcommittee member, Ms. Ramos-Johnson led the Board in a discussion of the HIE-related definitions that have been developed: 1) Health Information Exchange; 2) The DC HIE; 3) Participating Organization; 4) HIE Entity; 4) Registered HIE; and 5) Designated HIE.</p> <p>Ms. Ramos-Johnson reviewed the two levels of HIE recognition. She outlined the benefits of becoming a registered HIE and emphasized that it would establish a recognition as a vetted organization. Entities that are interested in going beyond formal participation in the DC HIE and compete for resources to build and develop new HIE tools. The first step would be for an HIE to register and the second step would be to apply for designation. Designation would enable an HIE to be eligible to receive funding from DHCF. Registered HIEs would be required to meet basic privacy, security, and interoperability requirements, but would not be eligible for funding through DHCF.</p> <p>Board Action: Motion was made by Mr. Turner to approve the HIE definitions, pending technical corrections. The motion was seconded by Ms. Rein. The motion was passed unanimously.</p>
<p><u>Enhanced HIE Demonstration and Discussion</u> [11:15-11:45 AM]</p>	<p>Andrae Jepsen, Amit Desai, and Jim Younkin from CRISP provided an interactive demonstration of the Unified Landing Page (ULP), which is part of the enhanced HIE tools that are being developed. Dr. Desai presented a use case with multiple chronic conditions and multiple ED visits. Mr. Jepsen and Mr. Younkin walked the Board through a demonstration of the ULP and how patients can be verified through the search tool. Mr. Jepsen and Mr. Younkin demonstrated the updated patient care profile. The demonstration showed that widgets can be moved around on the patient care profile page depending on user preferences.</p>

	<p>Ms. Diop raised a question about security and patient privacy with regards to patient searches in the ULP. The Board discussed implications of including certain behavioral health data, such as diagnosis and prescription information, on the patient care profile.</p> <p>Mr. Younkin asked the Board to provide their feedback on the widgets that have been included on the Patient Care Profile. The widgets presented included: 1) patient demographics; 2) admit, discharge, and transfer (ADT) encounters for the last 6 months; 3) behavioral health indicators; 4) medication information; 5) allergies; 6) social determinants of health; 7) provider relationships; and 8) procedures.</p>
<p><u>Public Comment</u> [11:45-11:55 AM]</p>	<p>There were no comments from the public during the public comment portion of the meeting.</p>
<p><u>Next Steps & Adjournment</u> [11:55 AM - 12:00 PM]</p>	<p>Board Action: Motion was made by Ms. Turner to adjourn the meeting. The motion was seconded by Ms. Ramos-Johnson. The motion was passed unanimously.</p> <p>Dr. Holve adjourned the meeting at 12:04 PM.</p>

DRAFT