

Leveraging HIE to facilitate data collection and reporting of HIV viral load suppression



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The District of Columbia has two principal programs that support health care for persons living with HIV



- The Hepatitis, HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA) within the D.C. Department of Health is responsible for monitoring and tracking incidence of HIV/AIDS



- The Department of Health Care Finance (DHCF) administers D.C.'s Medicaid, which provides coverage to % of DC Residents living with HIV

Starting in 2014, DC Health and DHCF embarked on a data integration initiative and have since been sharing and analyzing data across the HIV care continuum

Interagency Data Sharing Agreement

- Enabled and continues to support data sharing between DC Health and DHCF

Surveillance Data from eHARS

- Contains the District's reported HIV cases, demographic and other surveillance data for all HIV positive individuals
- Surveillance data lacks clinical information about broader health system utilization

Medicaid Claims

- Can be used to identify potential HIV cases that may not have been reported to HIV surveillance teams
- Provide information on health service utilization trends among Medicaid beneficiaries
- Claims lack clinical and outcome information

Collaboration over the years

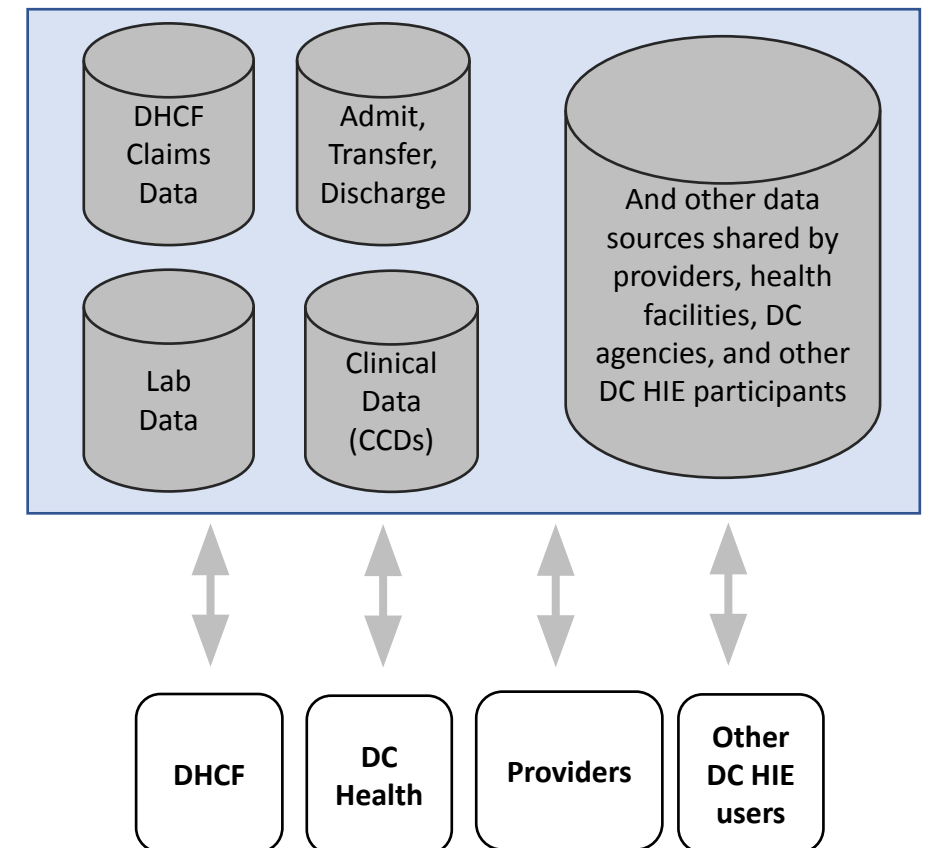
- Determine which reported HIV cases in D.C.'s surveillance system are enrolled in Medicaid
- Develop a methodology for identifying potential HIV cases in Medicaid claims data based on HIV diagnosis or pharmacy claims for non-PrEP antiretroviral (ARV) drug
- Direct further investigation on potential HIV cases in D.C.'s Medicaid population not captured in the surveillance system.
- Analyze HIV care continuum outcomes for HIV positive individuals on Medicaid
- **PrEP Cases – APRIL ADD?**

What is HIE and how might it build on existing data sharing efforts?

- **Health Information Exchange (HIE)** is the movement of health information electronically across multiple organizations
- An **HIE entity** is an entity that creates or maintains infrastructure that provides organizational and technical capabilities in a system to enable the secure, electronic exchange of health information among participating organizations not under common ownership
- HIE users can view the same content through the same interface, but for different panels – depending on which population they serve
- HIEs support the ability to view data at individual-level, panel-level, and in the aggregate from disparate data sources
- HIEs can promote transparency across entities involved in an individual's care delivery



The DC HIE is a health data utility to which District health system organizations contribute data



But, let's take a step back first, what is DHCF's role in Health Information Exchange (HIE)?

- | | | |
|---|--------------------------------------|--|
| 1 | State Health IT Coordinator | <ul style="list-style-type: none">• DHCF leads digital health policy and strategy as well as implementation of HIE services across the District of Columbia |
| 2 | Regulator | <ul style="list-style-type: none">• DHCF regulates HIE and manages the registration and designation process for HIEs operating in the District |
| 3 | Strategic leader and convener | <ul style="list-style-type: none">• DHCF convenes stakeholders through the DC HIE Policy Board and elsewhere to expand HIE adoption and use, while ensuring infrastructure is designed, developed, implemented, and maintained in a way responsive to evolving health system stakeholder needs |
| 4 | Funder and Partner | <ul style="list-style-type: none">• DHCF leverages local and federal funds to support operations and maintenance as well as design, development, and implementation of HIE infrastructure• Partners with District agencies in the health and human services cluster to diversify funding to collaboratively sustain HIE |
| 5 | Data Steward | <ul style="list-style-type: none">• DHCF serves as the steward for DHCF claims data that can be accessed via the DC HIE |

The DC HIE is a health data utility – a public good enabled through cross-sector partnerships

- As a health data utility, the DC HIE and its governance model fosters a culture of shared responsibility for ensuring the availability and quality of actionable information
- In this model, the primary value of the tool and resources is defined by the *extent* to which each can *draw data from across the network to support user stories* – real world examples – that enable essential functions of person-centered care delivery
- In order to be a health data utility, HIEs must be:
 - Non-profit or independently governed
 - Designated state entities, broadly governed by a mix of public sector and private sector health leaders
 - Connected to all important health care providers, especially hospitals
 - Able to receive some data via regulatory requirements
 - Held to a high level of security and patient privacy protections

DISTRICT REGISTERED HIE ENTITIES



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

The DC HIE Registration Application is accepted on a rolling basis

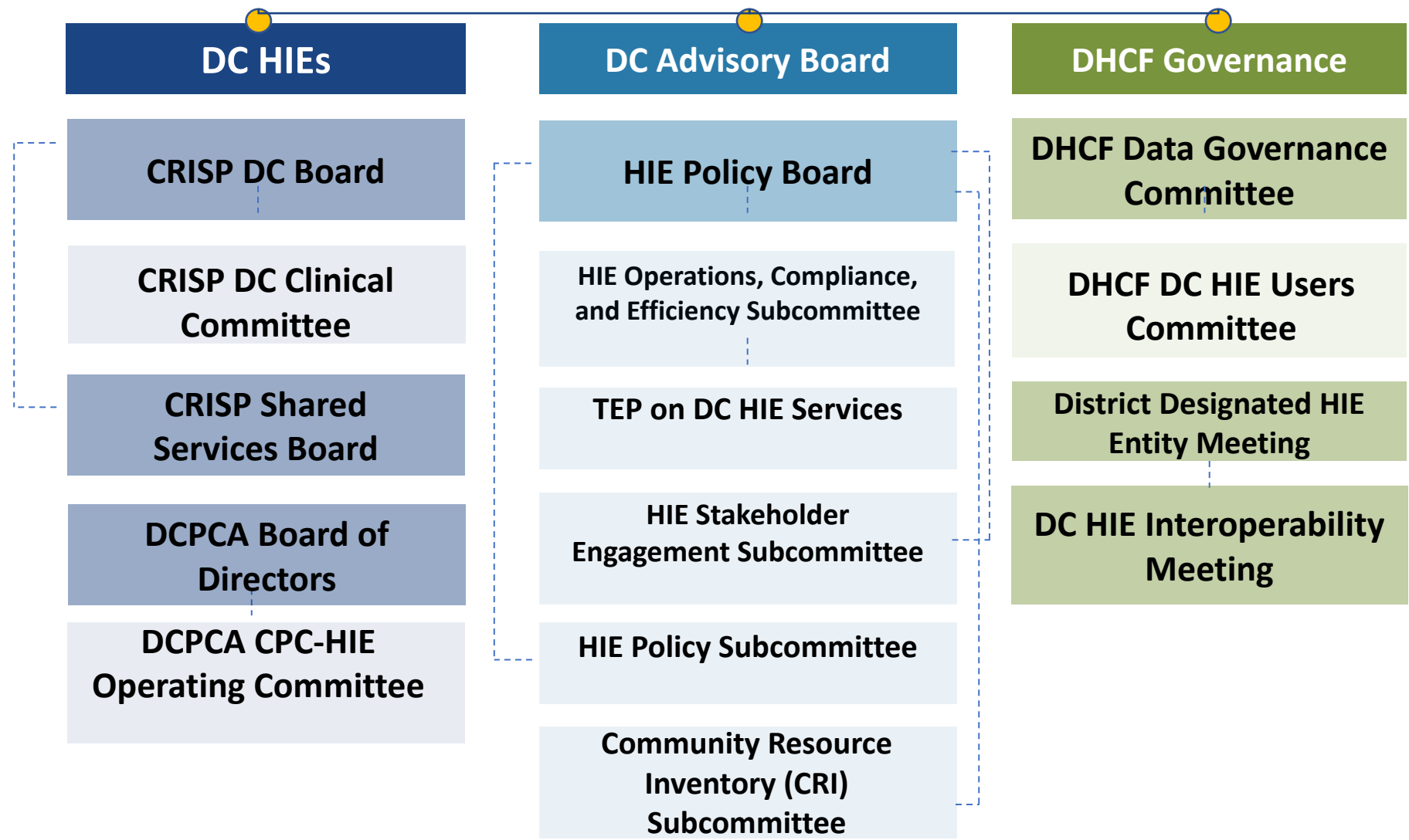
DISTRICT DESIGNATED HIE ENTITY



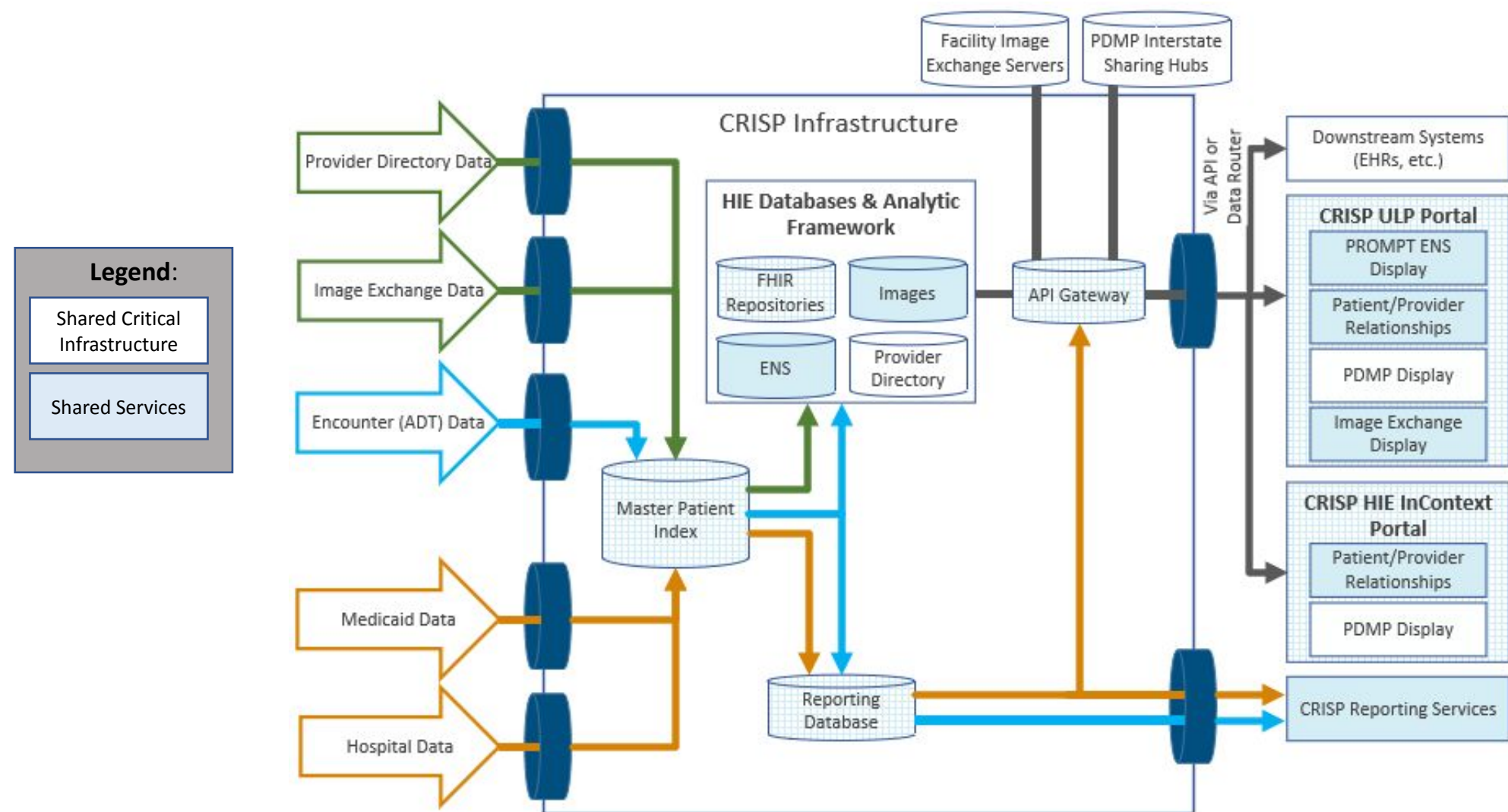
- Is a District Registered HIE Entity that **meets or exceeds the consumer education and auditing requirements** in the DC HIE Rule.
- Is a key partner to DHCF, the District Designated HIE Entity **supports the ongoing maintenance and operation of the DC HIE infrastructure or services**.
- The District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

The DC HIE Designation Application closed September 18, 2019

Regional HIE requires multi-state, multi-stakeholder complex governance model that creates appropriate "checks and balances" to preserve public trust in the DC HIE



The DC HIE's Technical System for Core Services is Highly Scalable and Robust



Since 2018, the DC HIE Demonstrated Substantial Progress to Expand the Network of Participating Users

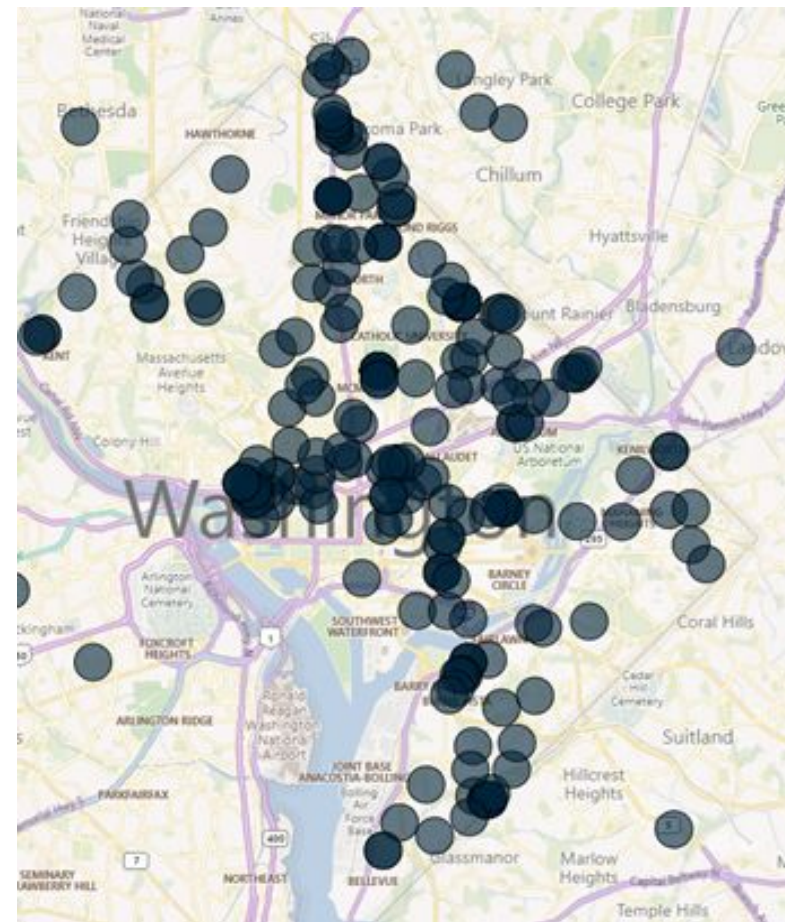
Today Major Providers and Health Systems are Connected

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

DC HIE Use at a Glance (as of March 2022)

- **13,000+** approved users of the DC HIE
- **Patient Care Snapshot (Monthly Query)**
 - 1,156 users
- **Encounter Notification Services access**
 - 619 locations
- **Sharing Admit, discharge, transfer**
 - ~300 locations
- **Sharing Clinical care documentation**
 - 200+ locations

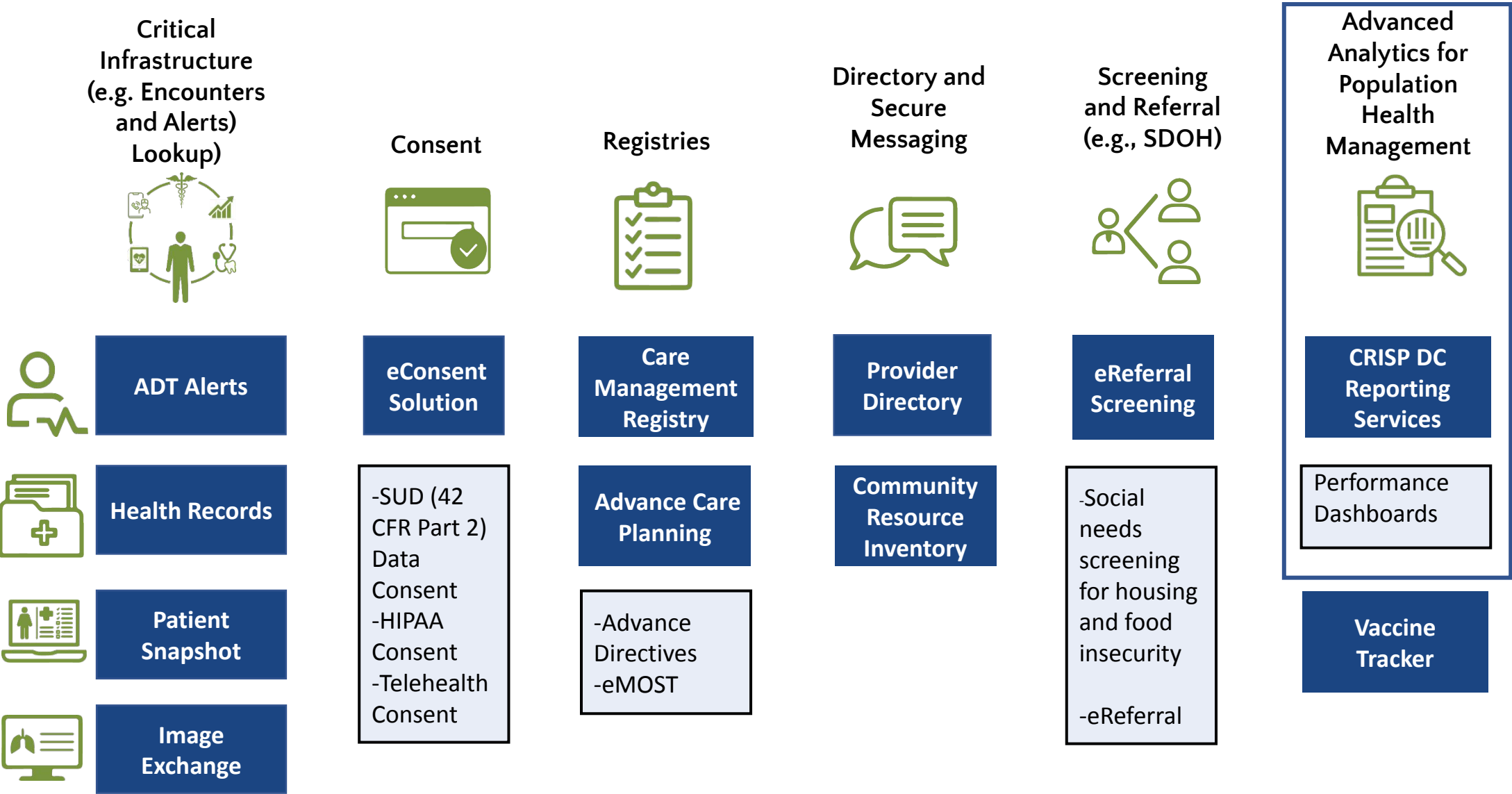
DC HIE Connectivity: DC and beyond the borders of the District



CRISP DC

is the District of Columbia's Designated HIE

CRISP DC Reporting Services (DC CRS) is a Population Health Analytics Platform and 1 of 6 Core Capabilities that make up the DC HIE Infrastructure



DHCF is prioritizing the development of basic and advanced analytic population health management capabilities in the DC HIE over a 3-year period

	Basic Analytics	Advanced Analytics
Development	FY22 – FY23	FY23 – FY24
Data Source	Primarily claims-based	Data from multiple sources is leveraged and transformed into a usable format
Features and Metrics	Reports on demographic, health utilization, and cost metrics for patients in a panel Define and/or compare one or more populations (i.e. chronic disease, program enrollment, or other groupings)	Measurement based care capturing and monitoring patient reported outcomes
Use	Easily identify patients who meet criteria for a specific action to improve patient health Ability to monitor progress in quality measures reporting and incentive programs	Visualization tools to strengthen communication across clinical and non-clinical settings Patient-facing reports to engage individuals in care decisions (e.g. improve Rx adherence)
Stratification	Risk stratification to identify high-cost, high-utilization, members with chronic disease	Predictive risk models based on claims and clinical data to support interventions

The District is excited to work with NASTAD, AcademyHealth, and other participating states to improve collecting and reporting viral load suppression data

- DC Health and DHCF's existing partnership lays the groundwork for achieving the goal of reporting viral load data by having established an HIV-related data sharing agreement
- Participation in the *Building Capacity to Improve Collecting and Reporting Viral Suppression Data to the Medicaid Adult Core Set* project through NASTAD will add critical analytical support to improve collection and reporting of HIV viral load suppression
- The District has committed project resources to support the development of an HIV dashboard in CRISP DC Reporting Services (DC CRS) analytic platform in the DC HIE
 - Integrate Medicaid claims and clinical data to facilitate improved reporting of HIV viral load suppression data.
 - CRISP DC, as the District's Designated HIE will serve as the data source and provide project management
 - hMetrix, which powers DC CRS and serves as the analytics data engine for CRISP, will provide dashboard development and maintenance

How will DC HIE tools be used to calculate and report viral load suppression?

Data Source

Files and Data Elements

Design and development

Access by DC HIE users

Quest, LabCorp, and other DC Labs

Lab Data
• LOINC codes

Department of Health Care Finance

Medicaid Claims
• Diagnosis Codes
• Procedure Codes



Files are shared via SFTP, API, and other modes of transmission

CRISP DC powered by hMetrix

HVL measure calculated using Core Set Measure specs:

- Denom:** # of 18+ beneficiaries w/ HIV diagnosis of HIV (ICD-10) in the measurement year and at least **one medical visit (CPT codes)**.
- Num:** # of beneficiaries in the denominator with a HIV viral load less than 200 copies/mL (LOINC) at last HIV viral load test during the measurement year



CRISP DC Reporting Services (DC CRS)

HIV Dashboard
• Viral Load

Draft workflow for reporting the Viral Load Core Set Measure using DC CRS



DHCF claims and lab data regularly shared with the DC HIE will be used to automatically populate the HIV Dashboard containing the Viral Load Core Set Measure



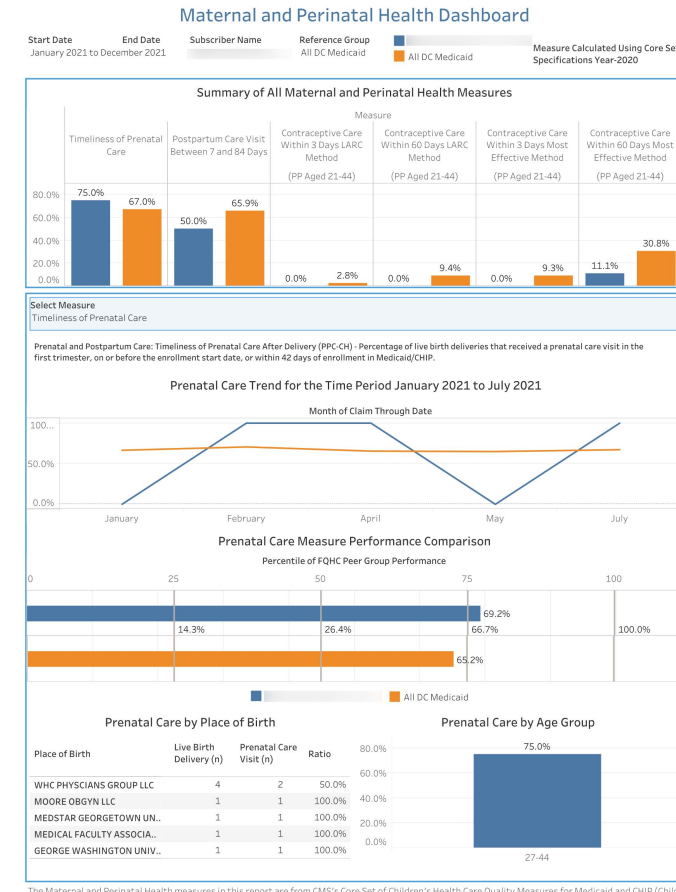
DHCF and DC Health are able to access, view, and extract data through the HIV Dashboard through DC CRS via CRISP Portal



DHCF reports Viral Load Measure to CMS - no data manipulation needed

How this could look in the DC HIE

Below is an example from an existing dashboard that currently displays Maternal Health Core Set Measures in DC CRS platform



If I can leave you with one thought...

Development of infrastructure,

Connections to infrastructure,

Exchange and use of data through infrastructure,

Continued operations and maintenance of infrastructure

Can only be effective through partnership and community-led governance,

which in turn build and sustain trust in that infrastructure.

Questions



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Stakeholder engagement and needs assessment led to a set of 6 major claims-based reporting capabilities to be developed in 2022 in DC CRS

1	General Functions	<ul style="list-style-type: none">• Ability to understand service utilization patterns and monitor trends over time• Compare data points for different timeframes• Filter or aggregate all reported claims by coverage type and health plan and program
2	Enrollment	<ul style="list-style-type: none">• Identify each Medicaid beneficiary's assigned payor or program in your patient panel and view panel-level demographics
3	Financial	<ul style="list-style-type: none">• Aggregate claim costs at the provider organization level• Display where beneficiaries are receiving services• Cost of the services billed for the organization's patient panel
4	Utilization	<ul style="list-style-type: none">• Include summary counts• Drill-downs to specific claims details for each beneficiary
5	Health Risk Stratification	<ul style="list-style-type: none">• Understand the disease burden associated with patient panels• Identify those patients who are high risk, rising risk, and low risk as determined by factors such as comorbidities, risk of hospitalization and costs claimed during a specified period.
6	Care Management	<ul style="list-style-type: none">• Guide care management efforts related to patient follow-up after a hospital encounter, including inpatient and ER encounters