

**Helping Healthcare Providers Adopt
Digital Health Technologies and Achieve
HIE Connectivity in the District**

**From EHR to HIE: How Your Data Moves Across the
Continuum of Care**

*A Foundational Guide to EHR Data Quality and CRISP DC
Health Information Exchange*





- Use **Chat** to share questions and comments with the group.
- Use **Raise Hand** function to be queued up for commenting / unmuting and share your comments with the group.





Together, we provide expertise in health information technology, quality improvement, and HIE innovation to strengthen digital health capacity, data sharing, and interoperability across District healthcare organizations.



eHEALTHDC
A DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION PROGRAM
Digital Health Technical Assistance Collaborative

Program Overview

eHealthDC is the District's Digital Health Technical Assistance Collaborative, made up of regional health leaders including the DC Primary Care Association (DCPCA), Clinovations, CRISP DC, DC Hospital Association (DCHA) and Zane Networks.

Funded by the DC Department of Health Care Finance (DHCF), our team of eHealthDC experts provides free, tailored technical assistance support to ambulatory organizations and hospitals to help improve EHR data quality, boost interoperability, and integrate CRISP DC HIE tools into daily workflows.

Technical Support & Assistance Pathways

EHR Data Quality and Workflow Optimization

- **Standardize Data Capture:** Optimize structured EHR data entry for consistent documentation
- **Optimize Workflows:** Use workflow mapping to identify and bridge critical gaps
- **Strengthen Quality Reporting:** Support clinical documentation improvement and performance metrics for accurate reporting

Health Information Exchange Adoption

- **Expand HIE Awareness & Use:** Provide CRISP DC onboarding support and tool training
- **Enhance Care Coordination:** Integrate HIE data into clinical workflows to improve decision-making
- **Improve Population Health:** Use HIE tools to drive readiness for value-based care

Why This Matters

By aligning EHR data quality and health information exchange, this technical assistance supports more coordinated care, stronger data for reporting, and progress toward whole-person and value-based care models

DHCF

Click [here](#) to take our brief survey to receive free, tailored technical assistance. An eHealthDC team member will follow up on next steps

Questions? Email: contact@e-healthdc.org



Through this new Digital Health TA Program funded by DHCF, eHealthDC will provide free, tailored technical assistance to help improve EHR data quality, boost interoperability, and integrate CRISP DC HIE tools into daily workflows.



Fill out an [Interest Form](#) or reach out to contact@e-healthdc.org and we'll be in touch!



Rocio Payne, RN

Clinovations Government + Health
Ambulatory TA Lead



Renee Moore

Zane Networks
Ambulatory TA Lead



1

Understand the difference between an EHR and an HIE, and how data moves between them

2

See how EHR data quality determines what CRISP DC can reliably share

3

Distinguish ADT and CCD messages in CRISP DC and know when each is used

4

Learn how to apply CRISP DC tools in daily workflows



What is an EHR?

A digital system used to document, manage, and track patient care within an organization.

What Information Does an EHR Capture?



Patient demographics



Diagnoses and problem lists



Medications and allergies



Lab results and vital signs



Visit documentation and care plans



Billing and reporting

Why Does It Matter?



Supports safe clinical decision making



Promotes standardized documentation



Enables accurate quality reporting and compliance



Provides the foundation for information exchange

1

Information is Captured

Information can be entered through:

- Free text documentation
- Structured data fields
- Drop-down selections
- Standardized forms and templates
- Clinical notes and narratives

2

Captured Data is Organized

Entries are organized, coded, and stored in categories such as:

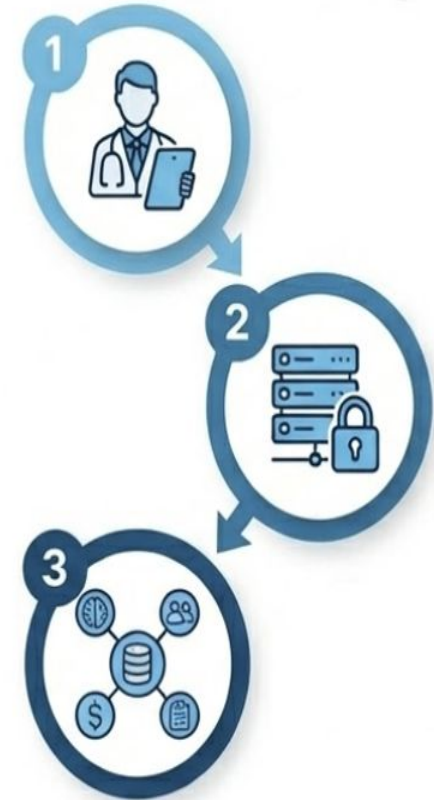
- Patient demographic
- Diagnoses, encounters and problem lists
- Medications
- Vital signs
- Laboratory results
- Progress notes

3

Organized Data Supports

Information supports activities like:

- Patient care and follow-up
- Billing and coding
- Quality reporting
- Data exchange with CRISP DC (HIE)





What is CRISP DC?



CRISP DC is DC's designated Health Information Exchange (HIE) and Health Data Utility (HDU).

- Shares ADT (Admission/Discharge/Transfer) alerts, CCDs (Continuity of Care Documents), and encounter summaries across care settings
- Gives care teams a full patient history — not just what's in one chart
- Cuts duplicate testing and medication errors
- Strengthens population health management

eHealthDC offers free onboarding,, training, and workflow support to help your team get the most from CRISP DC.

CRISP DC Key Capabilities



Clinical Delivery

Clinical Information Application and Image Exchange Tool



Quality Improvement/Closing Care Gaps

PopHealth Analytics Reporting Suite



Care Coordination/Transitions of Care

Population Explorer, Advance Care Planning, Provider Directory



Community Resource Navigation & Delivery

LinkU



Specific Populations

Children Absenteeism, Maternal Health (TMaH), Behavioral Health



How Consent Works in the District

What practitioners need to know:

- DC is an opt-out district, information is shared through CRISP DC unless a patient opts out
- Patients can opt out at any time
- 42 CFR Part 2 substance use disorder data is protected and shared only with specific consent

Sensitive Data Gets Extra Protection

Not all data follows the opt-out rule:

- 42 CFR Part 2 substance use disorder data is shared only when the patient specifically consents
- CRISP DC eConsent is used to capture and manage consent for sensitive information
- [PLACEHOLDER: other sensitive data categories or DC-specific protections to confirm with CRISP DC]

What Providers Hear First

Common patient and provider concerns:

- “My patients will never agree to this” — fear of sharing without discussing it first
- Mistrust of data sharing as government overreach: “why do they want my data?”
- [PLACEHOLDER: additional questions your organization hears from patients]



How to Respond

Address it up front, with the care benefit:

- “I can see the next morning that you were in the hospital or urgent care overnight, and follow up right away.”
- Reassure patients that opting out is always their choice
- [PLACEHOLDER: patient-facing script or suggestions]



1 The EHR: Your Organization's Record

A single organization's system of record. It stores:

- Full clinical documentation from each visit
- Owned and managed by the provider organization
- Built for care delivery, documentation, and billing

2 The HIE: The Shared Network

A shared network across organizations. It stores:

- Point-in-time messages and summaries shared across orgs
- Managed by CRISP DC, the District's HIE and Health Data Utility
- Built for cross-organization care coordination

3 How They Connect

The EHR is the source; the HIE is the pipe:

- Your EHR captures the visit; select data is sent onward
- CRISP DC aggregates that data across organizations
- Care teams can then see it, regardless of the EHR it came from

ADT: Admission, Discharge, Transfer

A real-time event notification. It tells care teams:

- “Something just happened” for this patient, right now
- Triggered by an admit, discharge, or transfer event
- Minimal clinical detail — built for speed, not depth

Woods_DEMO, John DOB: 1953-01-01
Admit Date: **2025-05-01 07:28 PM** Male
Notification Type: **Inpatient Encounter**
Facility: **CRISP-DC - Demo Other Source**

Luna_DEMO, Nicholas DOB: 2001-01-01
Admit Date: **2025-04-14 11:56 AM** Male
Notification Type: **Emergency Encounter**
Facility: **CRISP-DC - Demo Hospital Source**

CCD: Continuity of Care Document

A structured clinical summary. It gives care teams:

- A full snapshot of the patient's health record
- Problems, meds, allergies, results — the whole picture
- Built for longitudinal review, not urgency

Summarization of Episode Note

Summarization of Episode Note (October 6, 2021, 07:48:06AM +0000)

Patient	GRAPE GILBERT TESTPATIENT	Date of Birth: January 1, 1984 (37yr)(Gender: M)
Race	unknown	Patient-ID: 636799 (2.16.840.1.113883.4.391.109), 83511 (2.16.840.1.113883.4.391.109.1)
Ethnicity	no information	
Language Communication	en, preferred: yes	
Contact Details	Postal: RIVER, WV 25000 4145 EARL C ADKINS DRIVE US	
Encounter	Tel Home Primary: 111-222-3334, Email: mharper@adventisthealthcare.com	
Documentation Of	ID: 2392422 (2.16.840.1.113883.4.391.109), Date/Time: October 5, 2021	
Author	Care provision, Date/Time: October 5, 2021, Performer: DYER Adrian	
	eClinicalWorks, Organization: Adventist HealthCare - Enterprise, Authored On: October 5, 2021	

Table of Contents

- PROBLEMS
- ALLERGIES
- ENCOUNTERS from 1984-01-01 to 2021-10-05
- IMMUNIZATIONS
- SOCIAL HISTORY
- REASON FOR REFERRAL
- VITAL SIGNS
- MEDICATIONS
- PROCEDURES
- RESULTS
- REASON FOR VISIT
- MEDICAL (GENERAL) HISTORY
- Goals Section
- Health Concerns
- MEDICAL EQUIPMENT
- MENTAL STATUS
- FUNCTIONAL STATUS
- ASSESSMENTS
- PLAN OF TREATMENT
- Insurance Providers

PROBLEMS

Type	Condition	ICD9-CM Code	ICD10-CM Code	Onset Dates	Condition Status	W/U Status	Risk	SNOMED Code	Notes
Problem	Anemia, unspecified		D64.9		Active	confirmed		271737000	
Problem	Bipolar 1 disorder, manic, moderate		F31.12		Active	confirmed		191621009	
Problem	Abnormal cardiovascular stress test		R94.39		Active	confirmed		439590007	
Problem	(Induced) termination of pregnancy with other complications		O04.89		Active	confirmed		609446006	
Problem	Type 1 diabetes mellitus without complications		E10.9		Active	confirmed		73211009	
Problem	(Idiopathic) normal pressure hydrocephalus		G91.2		Active	confirmed		30753002	
Problem	Type 2 diabetes mellitus without complications		E11.9		Active	confirmed		73211009	
Problem	Accelerated hypertension		I10		Active	confirmed		59621000	
Problem	Neck pain		M54.2		Active	confirmed		81680005	
Problem	Adjustment disorder with mixed anxiety and depressed mood		F43.23		Active	confirmed		782501005	
Problem	Hypothyroidism, unspecified		E03.9		Active	confirmed		40930008	

1

Organization Sends Data

EHR information is transmitted through standardized messages to share:

- ADT (Admission, Discharge, Transfer) alerts
- CCD (Continuity of Care Document) summaries
- Demographic entries and updates

2

HIE Receives and Routes Data

Shared data is securely processed to:

- Store encounter information
- Match patients across organizations
- Route updates to connect provider

3

Provider Accesses Shared Data

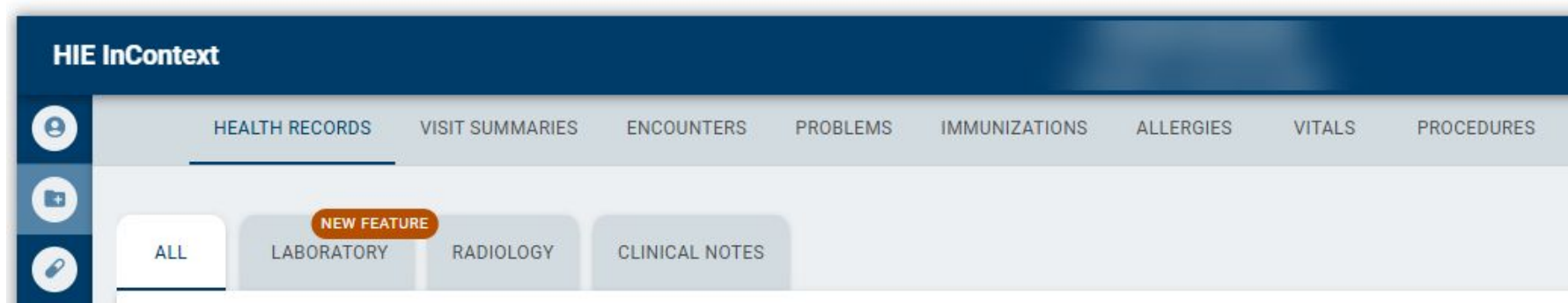
Connected care teams can:

- Receive admission and discharge notifications
- View shared clinical summaries
- Support follow-up and care coordination





Your EHR sends structured data to CRISP DC HIE, where it appears in the tabs below — each tab is populated by specific EHR source fields.



HEALTH RECORDS/ VISIT SUMMARIES <ul style="list-style-type: none"> • Lab results • Radiology reports • Clinical notes/ Discharge summaries • CCDA documents • National Network Documents 	MEDICATIONS <ul style="list-style-type: none"> • Medication Name • Generic Name • Dose, RxNorm/Sig • Provider • Start Date/Last Reported Date 	ENCOUNTERS <ul style="list-style-type: none"> • ADT messages • Encounter Type/Patient Class • Admit Reason • Discharge Disposition • Diagnosis Codes 	PROBLEMS <ul style="list-style-type: none"> • ICD-10 diagnoses • Diagnosis Description • First/Last Reported date
IMMUNIZATIONS <ul style="list-style-type: none"> • Vaccine Name • CVX-coded vaccines • Administration dates • Administered Location 	ALLERGIES <ul style="list-style-type: none"> • Allergy list • Adverse reactions • Comments • Last Reported Date • Last Reported By 	VITALS <ul style="list-style-type: none"> • BP, HR, Temp • Height, Weight, BMI • Respiratory Rate 	PROCEDURES <ul style="list-style-type: none"> • CPT / HCPCS codes • Procedure Name • Procedure Date • Reported Date

What Good and Poor Data Mapping Look Like

Poor Mapping: Data Does Not Flow

If a field is not mapped, CRISP DC cannot receive it:

- Information is entered as free text instead of a coded, structured field
- Required fields are left blank or stored in a custom field the interface does not read
- Result: the tab in CRISP DC looks empty even though the care was documented

Month Metric	January 2025		February 2025	
	ADTs	Percent Completion	ADTs	Percent Completion
Address	739	99.37%	775	100.00%
Admit Reason	739	0.00%	775	0.00%
Ethnicity	739	0.00%	775	0.00%
Language	739	0.00%	775	0.00%
Next of Kin	739	0.00%	775	0.00%
PCP NPI	739	0.00%	775	0.00%
Phone	739	38.99%	775	36.98%
Race	739	0.00%	775	0.00%

Month Metric	Jan 2025		Mar 2025	
	CCDs	Percent Completion	CCDs	Percent Completion
Allergy	1002	0.00%	701	0.00%
Allergy Name	1002	0.00%	701	0.00%
Immunization	1002	0.00%	701	0.00%
Immunization Name	1002	0.00%	701	0.00%

Good Mapping: Data Flows as Expected

When fields are mapped correctly:

- Data is captured in structured fields using standard codes (ICD-10, RxNorm, CVX, CPT)
- Each field lines up with the CRISP DC tab it feeds
- Result: care teams see a complete picture for the patient

Month Metric	June 2025		July 2025	
	ADTs	Percent Completion	ADTs	Percent Completion
Address	759	99.82%	630	100.00%
Admit Reason	759	100.00%	630	100.00%
Ethnicity	759	99.01%	630	99.16%
Language	759	11.28%	630	10.37%
Next of Kin	759	0.00%	630	0.00%
PCP NPI	759	0.00%	630	0.00%
Phone	759	61.66%	630	66.12%
Race	759	100.00%	630	99.85%

Month Metric	Jun 2025		Jul 2025	
	CCDs	Percent Completion	CCDs	Percent Completion
Allergy	1620	55.81%	217	79.53%
Allergy Name	1620	15.88%	217	15.83%
Immunization	1620	55.81%	217	79.53%
Immunization	1620	1.47%	217	2.74%

Common Barriers — and How eHealthDC Helps



Fields are not mapped correctly in your EHR



Training on the benefits of structured data mapping, plus guidance to help you raise mapping gaps with your EHR vendor



Documentation gaps and inconsistent data entry



Workflow redesign and structured data capture training for your staff



You are not sure how your data is flowing into the HIE



A Data Quality Insights review to assess your gaps and develop a plan to address them



HIE data is not used in day-to-day workflows



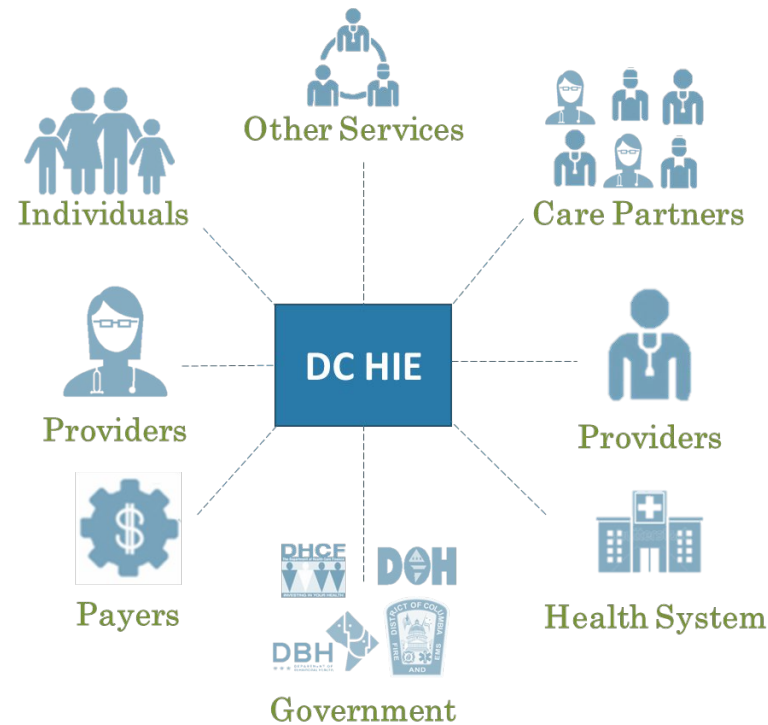
Workflow mapping to embed CRISP DC alerts and summaries into daily care



Who Depends on HIE Data?

Reliable HIE data supports:

- ✓ Individuals connected to multiple providers
- ✓ Providers connected to care partners and payers
- ✓ Payers connected to clinical information & services provided
- ✓ Government agencies connected to public health information



Why Does This Matter?

Poor data quality can result in:

- ✗ Missed hospital follow-ups
- ✗ Incorrect treatment plans
- ✗ Billing and compliance risks
- ✗ Breakdowns in care coordination



Advance Care Planning
Access and share patients' advance directives and documented care preferences



CEND/Population Explorer
Real-time alerts for patient admissions, discharges, and transfers.



eConsent
Securely capture and manage patient consent for sharing sensitive health information.



Health-Related Social Needs (HRSN)
Screen and address social determinants of health within EHR workflows.

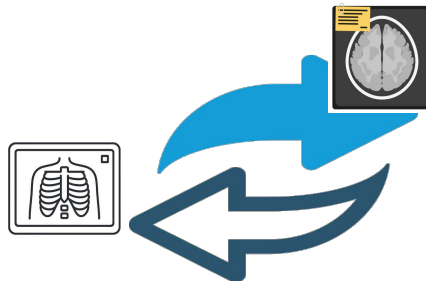


Image Exchange
Instant access to diagnostic medical images across hospitals and imaging centers.



Pop Health Analytics
Population-level insights to support care coordination and health management.



Provider Directory
Central directory of over 6 million healthcare providers and organizations.



EHR is the source, the HIE is the pipe

Your EHR captures the visit; select structured data flows onward to CRISP DC and out to other care teams.



Consent has rules in the District

DC is opt-out, so data is shared unless a patient opts out. 42 CFR Part 2 data moves only with specific consent.



Mapping decides what gets shared

Free text and unmapped fields never arrive. Coded entry — ICD-10, RxNorm, CVX, CPT — is what makes data flow.



Put it to work — and get help

Embed CRISP DC alerts and summaries in daily workflows. eHealthDC provides free TA to close mapping and workflow gaps.





What is one area or opportunity gap identified from today's discussion that your organization would like to explore further?

A.) Documentation practices

B.) Understanding data flow

C.) Integrating CRISP DC Tools

Questions?