

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

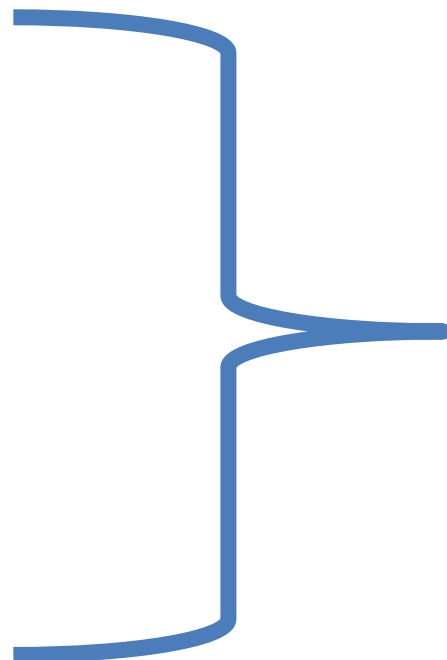
Digital Health TA Program Learning Community:
**Understanding the Value of
Interoperability**

*How connected health data transforms care coordination, quality reporting, and
whole-person health in DC*



- Use **Chat** to share questions and comments with the group
- Use **Raise Hand** function for questions or comments to share with the group
- **Cameras on** are encouraged for a more interactive and engaging experience





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.



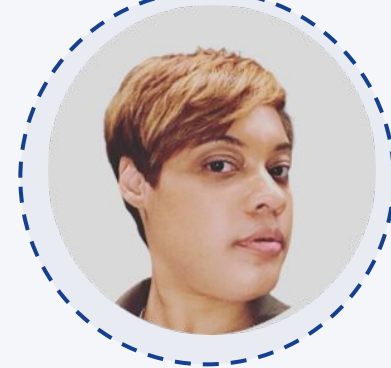
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eHEALTHDC
A DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION PROGRAM
Digital Health Technical Assistance Collaborative

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

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

DHCF

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!



1

Define healthcare interoperability and its critical role in enabling seamless data exchange across care settings

2

Examine CRISP DC's Health Information Exchange, including its structure, capabilities, and how it connects providers across the District

3

Identify the benefits of interoperability and address common barriers

4

Introduce data mapping best practices as the foundational step for successful EHR integration with the HIE

As defined by the ONC, Interoperability helps clinicians deliver safe, effective, patient-centered care. It also provides new ways for individuals and caregivers to access electronic health information to manage and coordinate care. Advancing interoperability is an essential part of most health care activities.



Level 1: Foundational

Secure data exchange between systems

Level 2: Structural

Standardized formats (e.g., HL7, FHIR) for consistent interpretation

Level 3: Semantic

Shared meaning — data understood the same way across all systems



~700K

DC residents rely on a fragmented network of ambulatory & hospital providers



35%+

of preventable readmissions linked to poor care transitions and incomplete records



1 in 3

Patients treated in DC receive care from multiple unconnected health systems



SDOH

Social determinants data often missing from clinical workflows, limiting whole-person care

Meet Marcus — a real scenario playing out every day across DC.



The Situation

Marcus, 58, manages diabetes and hypertension. He sees a primary care doctor at a DC FQHC, a cardiologist at a hospital, and uses a separate pharmacy.

None of these systems talk to each other.



Without Interoperability

His cardiologist prescribes a medication — unaware his FQHC already prescribed something that interacts with it.

Marcus ends up in the ED. His FQHC doesn't find out for two weeks. His readmission is avoidable — but nobody had the full picture.



With Interoperability

With CRISP DC connected, Marcus's FQHC receives a real-time alert when he's admitted. The care team sees his full medication history.

The conflict is caught. His follow-up is scheduled before he's discharged. The readmission never happens.

Discussion Topic: Does your organization currently receive alerts when your patients are admitted or discharged elsewhere? If not, what would change if you did?

The Benefits: What Interoperability Unlocks



Better Patient Care

Complete records cut errors and improve outcomes.



Seamless Care Coordination

Real-time sharing bridges providers and closes care gaps.



Stronger Quality Reporting

Structured data drives quality metrics and value-based reimbursement.



Population Health Insights

Spot trends and high-risk populations for proactive interventions.



Reduced Administrative Burden

Automated exchange cuts redundant entry, freeing staff for patients.



Readiness for Value-Based Care

Interoperable systems position organizations for APMs and ACO success.

Discussion Topic: Which benefit would have the greatest impact on your organization today?





What is CRISP DC?



CRISP DC is the District of Columbia's designated Health Information Exchange (HIE) and Health Data Utility (HDU), operating in accordance with applicable federal and District laws and regulations.

As a nonprofit organization, CRISP DC facilitates the secure, real-time exchange of health information across the continuum of care—including physicians' offices, hospitals, laboratories, radiology centers, community-based organizations, and other healthcare providers. In its role as the District's Health Data Utility, CRISP DC also enables the use of health data to strengthen care coordination, support public health initiatives, and drive data-informed decision-making.

eHealthDC provides free onboarding, training, and workflow integration support so your organization can fully leverage CRISP DC's capabilities.

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



Clinical Delivery

Consolidated clinical summaries from participating providers



Community Resource Navigation & Delivery

Social needs data to support whole-person care



Specific Populations

Child Absenteeism and Elevated Blood Lead Level



Quality Improvement/Closing Care Gaps

Spot trends and high-risk populations for proactive interventions.



Care Coordination/Transitions of Care

Real-time notifications for ED/IP Encounters. Creating and uploading Advance Directives. Search for Providers/Orgs



Specific Populations

Maternal Health (TMaH) and Behavioral Health (BHIT)



Value-based care models — including ACOs, patient-centered medical homes, and DC’s Medicaid managed care — require accurate, timely patient data to measure outcomes, coordinate care, and earn performance incentives. Without interoperability, organizations are flying blind: missing critical data, duplicating work, and leaving quality bonuses on the table.

Measure Outcomes

Accurate quality metrics require complete, standardized EHR data — the foundation of performance-based reimbursement.

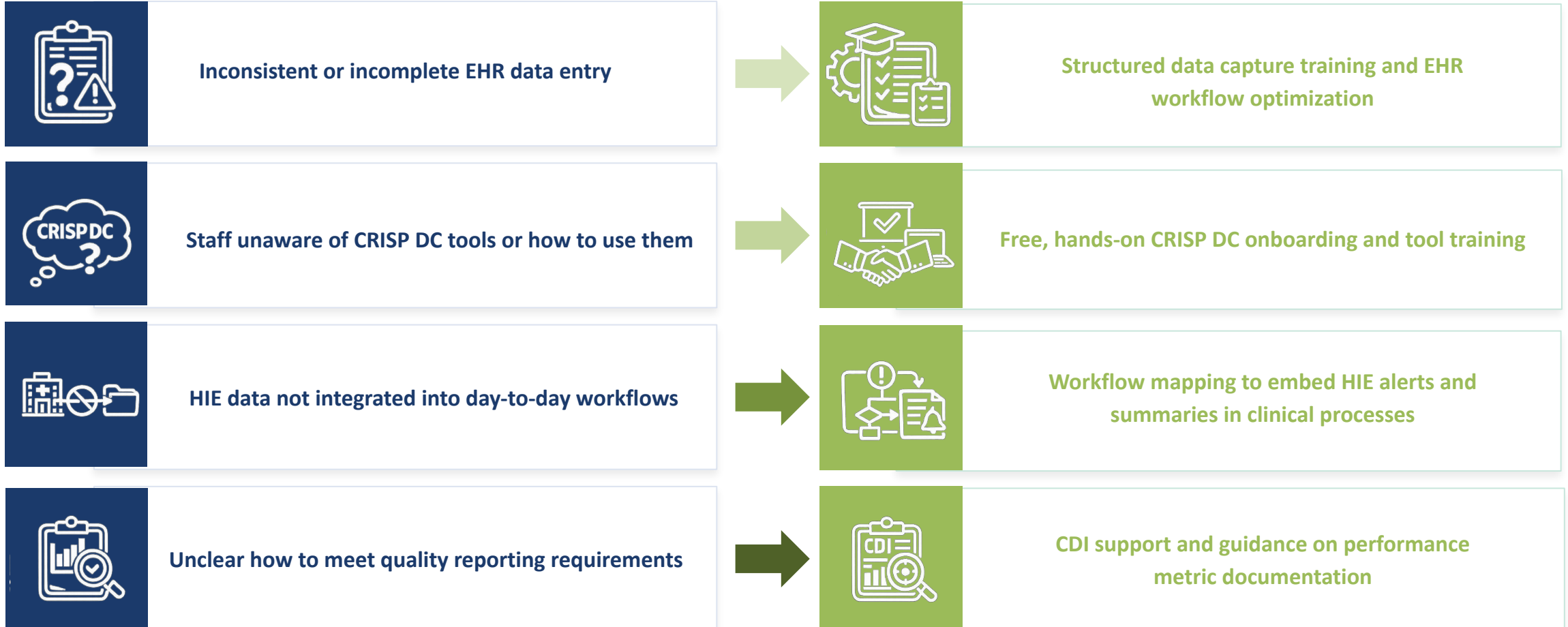
Reduce Avoidable Costs

HIE data prevents unnecessary tests, duplicative services, and avoidable hospital stays.

Prove Population Health Impact

Reporting HEDIS and PCMH measures accurately depends on clean, connected clinical data.

Common Barriers — and How eHealthDC Helps



Understanding Data Mapping

What is Data Mapping?

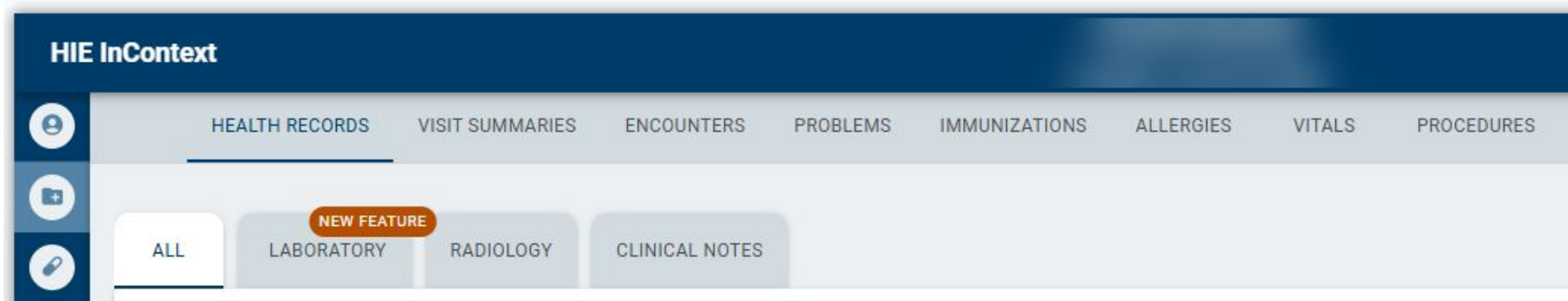
Data mapping is the process of connecting data fields from one system to corresponding fields in another — ensuring that when information moves between EHRs, HIEs, or health plans, it retains its meaning, structure, and clinical intent.

Why It Matters

Without accurate data mapping, a “blood pressure reading” in one system may not be recognized in another. Medication names, diagnosis codes, and lab values can all be lost in translation — leading to errors and incomplete care.

Key Standards	
	HL7 FHIR Fast Healthcare Interoperability Resources — the modern standard for exchanging health data via APIs
	SNOMED CT Clinical terminology standard ensuring consistent coding of diagnoses, findings, and procedures
	LOINC Standardizes lab test names and clinical observations for consistent reporting across systems
	ICD-10 / CPT Diagnosis and procedure codes that anchor clinical data to billing and reporting workflows

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

1

Start with a Data Inventory

Understand where key clinical data elements are documented within your EHR.



2

Involve Clinicians Early

Clinical staff should validate workflows and ensure documentation reflects actual care delivery before any technical work begins.



3

Use Established Standards

Ensure structured fields and standardized terminologies (e.g. Snomed, LOINC, ICD-10). Homegrown codes are the #1 cause of mapping failures.



FHIR



SNOMED



LOINC

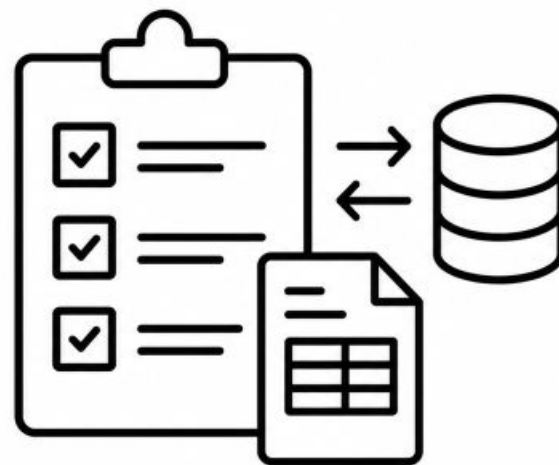


ICD-10

4

Document Every Mapping Decision

Create and maintain a data dictionary or mapping documentation to support consistency.

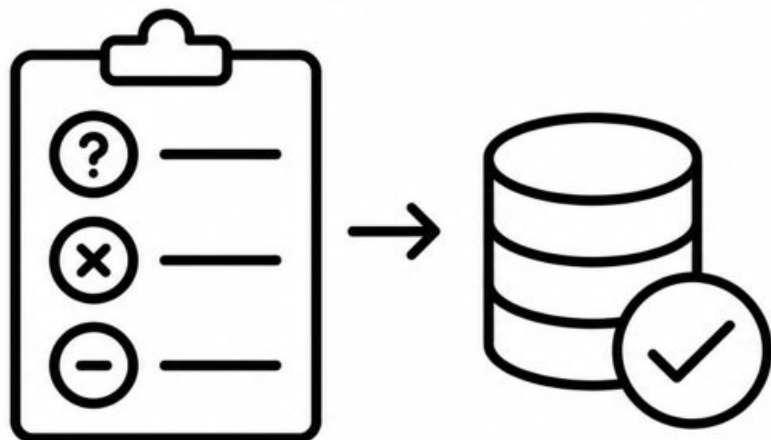




5

Plan for Null & Missing Values

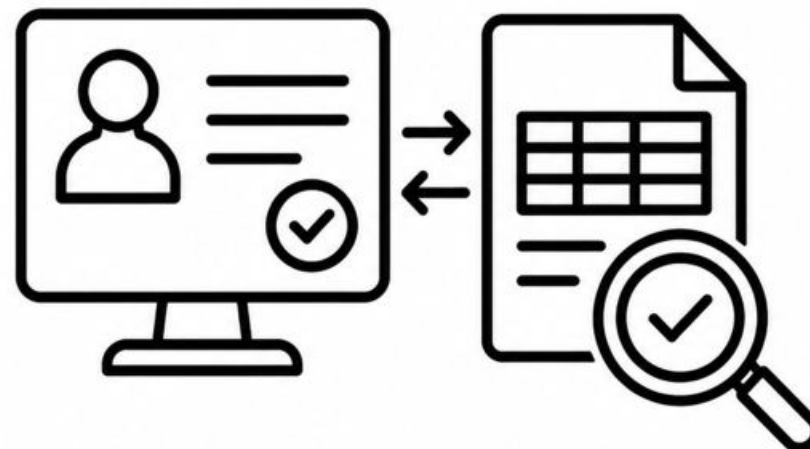
Determine how missing, unknown, or refused values will be handled before testing.



6

Validate with Real Patient Data

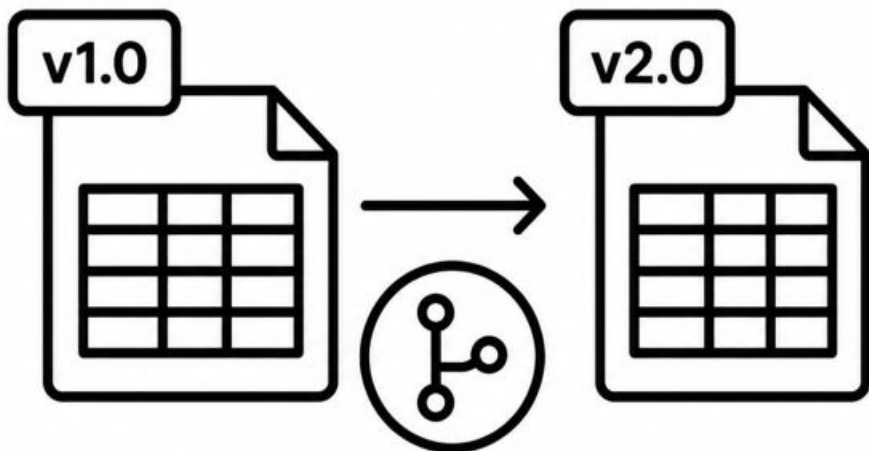
Test mappings using de-identified patient records to confirm data is transmitted and interpreted correctly



7

Version Control Your Maps

As standards evolve, maintain version-controlled mapping tables to avoid silent breakage after upgrades.



8

Monitor Mapping Quality Continuously

Set up ongoing data quality checks to detect mapping drift or fields that go dark after a system update.

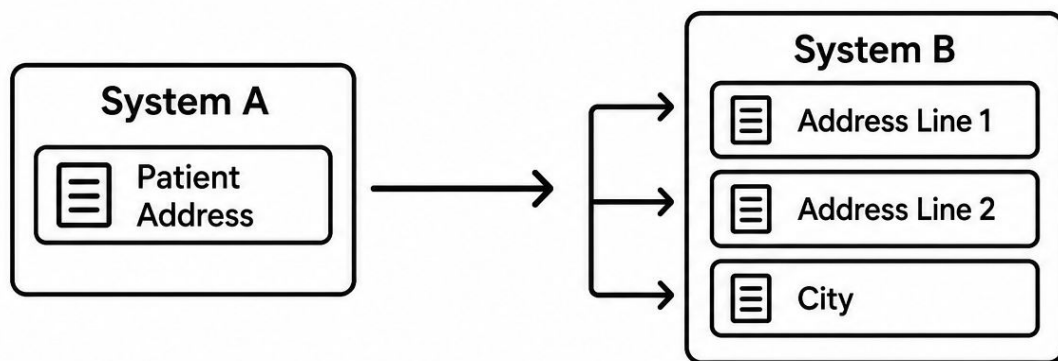




One-to-Many Mismatches

⚠ Risk: A single field in System A maps to multiple fields in System B, causing data to be dropped or duplicated.

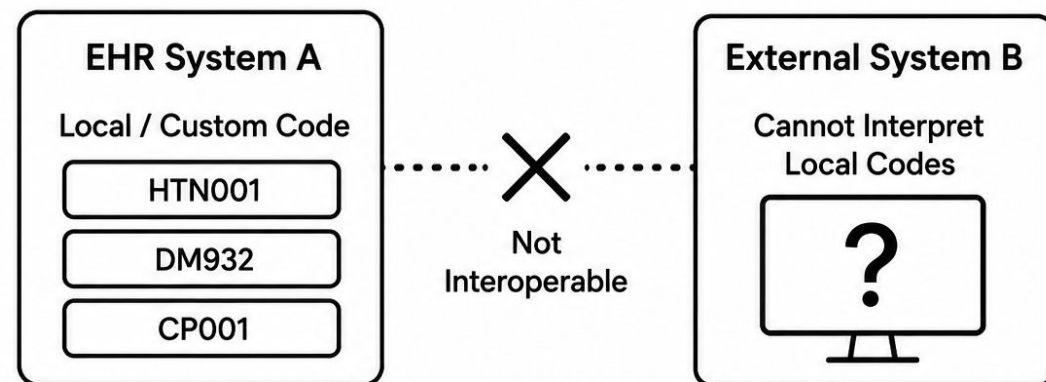
✓ **Best Practice:** Define explicit transformation rules for split/merge scenarios and test with real edge cases.



Using Local or Custom Codes

⚠ Risk: Proprietary codes created within one EHR are unreadable by external systems, breaking data exchange.

✓ **Best Practice:** Standardize all coded fields to SNOMED, LOINC, ICD-10, or RxNorm during data entry.

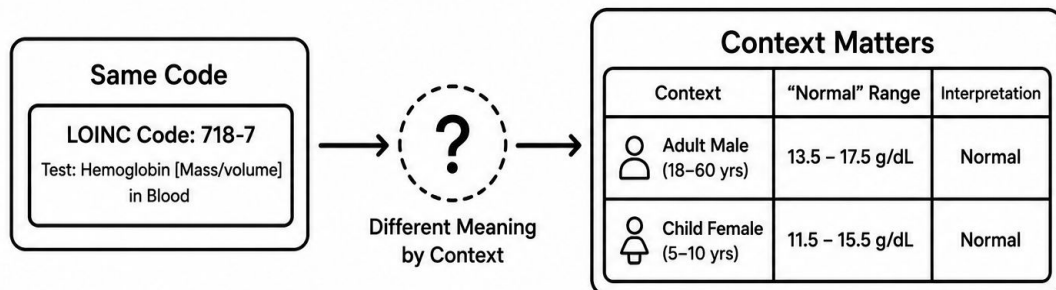




Ignoring Semantic Context

⚠ Risk: The same code can mean different things by context (e.g., “normal” lab value ranges differ by age/sex).

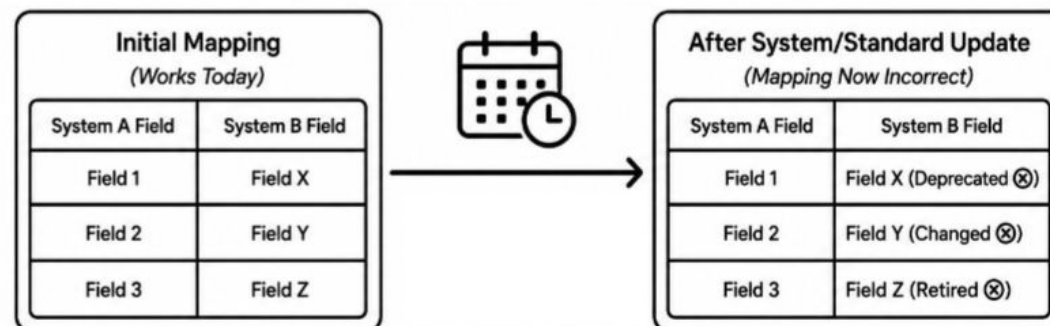
✓ **Best Practice:** Include contextual metadata (age, sex, unit of measure) alongside mapped values.



Set-It-and-Forget-It Maps

⚠ Risk: Standards evolve. Unmaintained mapping tables become silently incorrect after system upgrades.

✓ **Best Practice:** Schedule annual mapping reviews tied to standard version releases and EHR update cycles.



Here are the key ideas to take back to your organization:

1

Interoperability Is More Than Sharing Records

True interoperability means data retains its meaning across systems — enabling the right provider to act on the right information at the right time.

2

CRISP DC Is DC's Designated HIE

CRISP DC connects hospitals, clinics, labs, and pharmacies. Care Alerts, Medication History, and Encounter Summaries are available to your organization today.

3

Data Quality Is the Foundation

Interoperability only works if EHR data is structured, standardized, and complete. Good data in = actionable data out.

4

eHealthDC Is Here to Help — For Free

From CRISP DC onboarding to EHR workflow optimization, eHealthDC provides tailored technical assistance at no cost to DC ambulatory organizations and hospitals.



Which learning community topic would be most valuable for your organization?

Cast your vote in the poll — your responses will guide our upcoming learning communities and webinars.

1

Building an EHR Training Program

Onboarding, workflows, and training champions for clinics without a formal program

2

Screening in the EHR: Capturing Z-Codes & Acting on Social Needs

Documenting social needs and turning screening results into action

3

Medicaid Value-Based Care in DC: What Providers Need to Know

Payment models, quality measures, and what is changing for DC providers

4

How EHR Data Flows to the HIE

Following your data from the point of care to the health information exchange



Webinar Topic	Date/Time
Panel Processor	Thursday, July 23, 2026 12:00PM - 1:00PM
Consent	Thursday, July 30, 2026 12:00PM - 1:00PM
Image Exchange	Tuesday, August 18, 2026 12:00PM - 1:00PM
Panel Processor	Thursday, August 20, 2026 12:00PM - 1:00PM
PopHealth Analytics	Friday, August 21, 2026 12:00PM - 1:00PM
Portal Overview	Friday, August 28, 2026 12:00PM - 1:00PM

Thank You