

Delaware Health Information Network
Town Hall
Wednesday, July 13, 2016
11:00 a.m. – 12:00 p.m.

Conference Room
107 Wolf Creek Boulevard
Suite 2
Dover, DE 19901

Meeting Minutes

Purpose

To keep our public informed.

Agenda

What we are doing
What we will be doing
What should we be doing (public feedback)

I. CURRENT Activities Update

End of year FY16

DHIN has completed a majority of the planned work in spite of the upgrade distractions.

Several projects were specific to members of the community; CCHS, Beebe, Nemours and Union Hospital are using HL7 Version 251 and submitting data electronically to Public Health.

St. Francis and Bayhealth are in the process of a conversion; Bayhealth is currently expected to go live in late July and St. Francis in September. Once completed, they will be submitting their data to Public Health through DHIN.

DHIN and CCHS have worked together with Dynamic Documentation providing free text documents into the community health record.

Public Health

We have made tremendous progress with immunization reporting. We finished FY16 with a 137% year-over-year increase in the number of organizations successfully reporting through DHIN to Public Health. All 6 hospitals (110%), 147 pharmacies (73%) and 146 practices (30%) are now successfully submitting immunizations electronically to Public Health.

DHIN continues working with Public Health on Newborn Screening which has two components: early hearing detection and metabolic screening testing for genetic

disorders. The intent of this project is to combine the results of both the hearing and metabolic screening into one report and provide a unified report back to the ordering physician/birthing hospital, in addition to making the data available in the community health record.

However, we ran into legal barriers in storing genetic data and parents legally have the option of (1) Opting out (2) Provider who ordered testing will get results for only them to see. Birthing hospitals and centers are creating documentation and formed consent documentation to opt out. Public Health is working with their vendors to flag any results for which a parent has requested a report to be sent to the ordering provider. A lot of work on the back end is taking place; we have several practices and hospitals ready to pilot once the issues are worked out.

In addition, ENS services for admissions and discharges are on-boarded with Highmark, The Market Place and Highmark MCOs are sending notifications to payers to provide care management. Currently 103 practices are enrolled in ENS, 93 practices are live and others are in the process of going live.

CCDs

Sixty-six practices are live and sending CCDs at the conclusion of each ambulatory encounter; in addition, 27% are actively sending care summaries. As of June 30th, we have transferred 266,000 care summaries in our community health record, enabling us to expand the continuum of care data available.

HISP

DHIN is in the process of standing up a statewide HISP (Health Internet Service Provider) to provide direct secure messaging for organizations that may not have one and provide them with an entry point into the digital ecosystem. For those practices that do, we do not want to compete. As of June 30th, twenty-seven practices have enrolled and are receiving direct addresses under HISP. In addition, DHIN is in the process of working on standing up a provider directory which will allow newcomers to the digital community to find their exchange partner and enable them to send/receive Direct Secure messages to/from their intended recipients.

Data Senders

DHIN now has a certified results delivery interface with Aprima, our 25th EHR. Eighty percent of all DHIN users are using one of the twenty-five EHRs.

A number of data senders were brought on in FY16. Peninsula Regional, our third border hospital is now a full data sender.

CNMRI, our newest imaging center will have an impact on users located in Kent County.

MedExpress, our first walk-in care facility having five locations and submitting care summaries.

Home Health Care, DHIN's first skilled nursing facility has recently signed an agreement.

In addition, DHIN also has a data exchange with CRISP, Maryland's HIE. We are receiving information on all Delaware residents.

DHIN has a signed agreement with NJSHINE, a regional HIE located in southern New Jersey. We are looking to exchange ADTs based on the residence of a patient, whether it be in Maryland, Delaware or New Jersey.

II. Planned Activities Update

Grant Update

Two of the major activities we continue working on are the ONC Grant that DHIN has received, as well as the technology components of the State Health Innovation Plan which was received by the Health Care Commission. Though they are two different grants, both support the State Health Innovation Plan.

Behavioral Health and Long Term Post-Acute Care communities were not included in the EHR Incentive Program (Meaningful Use); therefore, not eligible for the incentive funds. DHIN is working with both communities on the adoption of health information technology and technology standards which are being promoted to address interoperability across settings of care. At a minimum, the lowest common denominator would be offering Direct Secure Messaging and would be covered under the DHIN grant at a no risk trial to secure point to point exchange of protected health information.

In addition, we are offering to the Post-Acute Community a transform tool which will take data that is already being electronically submitted to CMS and extract critical elements to generate a care summary in the standard CCDA format, allowing us to incorporate the data into the community health record and be accompanied by an ADT.

Consumers: DHIN's goal is to stand up a statewide patient portal that will give patients the ability to access their health data from one log-in. An RFP was posted on July 11th; proposals are due to DHIN on/before August 11th. We anticipate the final evaluation and vendor selection by September 7th with a kick off on September 30th.

Fifty-five percent of the selection criteria will be based on technical quality, completeness, cost and business sustainability; should cost prove prohibitive, we have a backup plan to satisfy grant requirements for consumer engagement. If not practical, DHIN reserves the right to say no. Our goal is one log-in for a patient to access all records.

Event Notification System: The ability to notify a practice/organization that one of their patients has had an encounter in an emergency department, in-patient facility or

walk-in clinic. DHIN is working with our vendor Ai on an enhancement to ENS based on user feedback. Ai has worked with DHIN on extensive customer, payer and hospital interviews. The feedback has been wonderful and the enhancement will be based on their feedback.

Analytic Platform: Payers agree that a significant portion of their value based contracts (with the provider) will be based on the performance against a common set of clinical quality measures that will be used across the state by all providers.

The common provider scorecard is a key technical component of the State Health Innovation Plan. The first release of Version 2, which contains updated/new clinical quality measures, was released to the original 21 pilot practices. The second release of Version 2 will be offered state wide in September with additional functionality.

In addition, there will also be statewide goals to move Delaware in the direction of wellness, which will be tracked showing state level aggregation of data and showing as a state how many practices are meeting a percentage of the clinical quality measures. Practices will have the ability to compare state level reporting and state benchmarking against their aggregated peers across the state.

The September release will include Highmark Commercial, United, AETNA and Medicaid as participating payers. The November release will add transformation milestones.

Three ACOs have subscribed to our analytics service and will be collaborating with us on developing useful reports.

Strategic Planning

A semi-final draft of DHIN's five-year strategic plan was presented to the Executive Committee in June and will be presented to the Board of Directors at the Annual meeting on July 20th. Once approved, it will be available for public viewing on the DHIN website at www.dhin.org.

HITRUST Certification

DHIN's first year risk assessment with BluePrint concluded with no major findings; however, there are areas for improvement and a remediation plan is in the process for the areas identified. By the end of FY17, DHIN wants to be HITRUST certified. It is an important statement for us to have the highest practices in maintaining security and privacy.

Legislation Passed

SB 52: Lay Caregivers Act: Section 1 of this Act requires the DHIN to develop and maintain a process to enable a hospital to record, in a patient's electronic health record contained in the DHIN, the patient's lay caregivers' information

HB 381: Pre-Authorization: Requires that payers (or their agents) who require pre-authorization for certain procedures must post the pre-authorization criteria on their website and cannot deny authorization if someone has followed all of the criteria that they have posted.

Payers will be required to publish to DHIN at least twice annually their stats around denials.

SB238: DE Healthcare Claims Data Base: Establishes a Health Care Claims Database to be administered and operated within the existing framework of the DHIN. Authorizes DHIN Board or subcommittee to administer the APCD, to review, approve and/or deny a request for claims data. To be funded with grant money and other independent funding sources to be identified by the DHIN, in accordance with the DHIN's existing statutory authority.

Items for FY17

- DHIN will continue to spend down the grant
- Work on the Claims Data Base
- HITRUST Certification
- Scorecard
- Begin Executing Strategic Plan

III. Comments:

Q: Marie Ruddy, Nemours: Thank you! That was a great update. It is great to hear that we are exchanging data with non-Delaware organizations; and happy to hear about NJSHINE. Has there been any more progress on Pennsylvania?

A: DHIN has not had success in engaging Pennsylvania. We have exchanged contracts, but have not received any feedback.

C: Marie Ruddy: I have a follow-up call scheduled the end of the month with another Executive Director from Pennsylvania and would be happy to see if there is anything I can do on our end.

Q: Kathy Westhafer, CCHS: Yes, it was a great update. Do you have any comment regarding the Unique Patient Health Identifier?

A: One of the most significant challenges inhibiting the safe and secure electronic exchange of health information is the lack of a consistent patient data matching strategy. With the passage of the HITECH Act, a clear mandate was placed on the nation's healthcare community to adopt electronic health records and health exchange capability. The Committee encourages the Secretary, acting through the Office of the National Coordinator for Health Information Technology and CMS, to provide technical assistance to private-sector led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information.

The next Town Hall is scheduled for August 10, 2016 @ 11:00 a.m.

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