

Delaware Health Information Network
Town Hall
Wednesday, July 12, 2017
12:00 p.m. – 1:00 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

Public Health

Newborn Screening

Unfortunately, we have hit a snag with Public Health on Newborn Screening which has two components. Phase I entailed hospitals/birthing centers to send the early hearing testing electronically to Public Health. Phase II is the combination of the early hearing detection and metabolic screening for testing of genetic conditions. In testing the outcome of the combined report, Public Health experienced issues with the output. Rather than adjust the issues in the current environment, Public Health has decided to hold off while they are in transition and the project will be delayed until Public Health has completed their conversion over to a new vendor.

Data Senders

DHIN is in the process of on-boarding Limestone Open MRI, our newest radiology data sender. We are also actively working with Natera, which specializes in genetic testing and expect to go live in the next several months.

In addition, MDLIVE and American Well (Telehealth providers) are in progress and sending ADTs; care summaries for each Telehealth encounter will be included in the CHR at a later date.

DHIN has executed agreements with Infinity Diagnostic and Fresenius for an ADT integration and ENS activation.

II. PLANNED Activities Update

Grants

DHIN is now two weeks away from the close-out of both grants. We have been very busy completing the work we have set out to do while grant funds are available to support the projects. DHIN is at 95% spend down on the primary grant; and 50% spend down for the secondary grant.

Interstate Exchange

Under the supplemental grant that DHIN received, we are focusing on increasing the volume of interstate exchanges of Admission, Discharge, Transfer (ADT) data. ADTs drive our ability to provide Event Notification enabling DHIN to notify a health plan/provider who subscribes, that a patient has had an encounter representing a transition of care.

DHIN has gone live with receiving data from NJSHINE (HIE supporting southern New Jersey). During the month of June, we received just under 1000 ADT messages on Delaware residents.

DHIN is also close to going into production with our feeds from West Virginia; once completed it will bring DHIN thirty additional data sources. In addition, HSX (HIE for southeastern Pennsylvania) will be sending data from six of their emergency room departments. Both Pennsylvania and West Virginia will be completed in the next two weeks.

DHIN has executed an agreement with Genesis for their six nursing homes to send us CCDs. Transitions to the post-acute setting are very important to the ACOs; they want to know when one of their members has encountered a transition of care. Data from Genesis and other nursing homes enables DHIN to use the data to fuel the Event Notification System.

Consumers

Another target group is the consumer. DHIN has stood up a Personal Health Record/Patient Portal (PHR) and partnering with three health care entities; Union Hospital, Delaware Heart & Vascular and Newark Urgent Care (which is the first urgent care walk in facility in the state to offer a patient portal solution to their providers).

DHIN has also begun an advertising campaign educating consumers about DHIN. Our initial campaign was focused on brand awareness and informing citizens that DHIN does exist. We will begin transitioning ads to inform consumers a Personal Health Record service is available. Additional ads will include billboards, print, digital and radio spots, all of which will be grant funded.

Another consumer facing tool that we are working on is Health Check Alert which is a companion to the patient portal. Health Check Alert is both an Event Notification Service for consumers and fraud detection for payers. Based on the ADTs and clinical data we receive, DHIN will provide a text message to the patient that a lab result was received or that someone has accessed their information in the community health record. In addition, a feature will also be added that if the patient did not have lab work completed, a message will be sent to the payer notifying them of a possible fraudulent claim and the payer will be able to investigate before the claim hits their system.

DHIN has an agreement to pilot Health Check Alert with the Medicaid population in Delaware.

Under the grant, DHIN is also working on standing up a state-wide registry for DMOST (Delaware Medical Orders for Scope of Treatment), which translates a patient's end of life wishes that can be accessed through the community health record. In addition, patients must also have the ability to revoke their consent to these orders at any point in time.

Three initiatives for the Eligible Professionals and Ambulatory Providers:

1. Event Notification System (ENS): To provide notification to the provider when one of their patients has been seen in a hospital/walk-in clinic/emergency room. ENS has been extended to approximately 20 percent of the practicing providers throughout the state. Expanding across state lines and beyond hospitals is also increasing our notifications between 4% and up to 13%; and all users are seeing the value. During the month of May, 4% of all notifications came from walk-in clinics.
2. Increasing the exchange of care summaries at the conclusion of each encounter. DHIN currently has 100 practices sending care summaries into the community health record; totaling 1M care summaries.
3. Analytics Platform: The Common Provider Scorecard was an initiative under the SIM Grant with the Delaware Health Care Commission. We have developed reports and have received feedback from several participating practices on what would be valuable to them and help them manage their practice in a better way.

DHIN is pleased to share that all DHIN historical data – ten years' worth – is now stored both in our archives and moving to a trusted third party.

HITRUST Update

DHIN is now HITRUST certified! A comprehensive security framework used by healthcare organizations and their business associates to efficiently approach regulatory compliance and risk management.

FY18

DHIN is in the first month of FY18; our Annual Board of Directors Meeting is scheduled for July 19th, at which time DHIN's FY18 Goals will be approved. Our major focus for FY18 will be the Technical Refresh and ongoing staff development.

Another major activity for FY18 will be the implementation of the Healthcare Claims Data Base (HCCD). DHIN has promulgated a regulation for data collection. The regulation was submitted for a month of public comment July 1st and will be followed by a Data Access Regulation. DHIN is then required to respond to all comments before it can be promulgated as a final regulation. By February 2018 payers will be required to submit data. The Data Access Regulation will address the issues of the circumstances that the data will be released from the requester. We will continue working with our Board of Directors on the data access regulation which will go through the same process. DHIN will keep stakeholders posted of the timeline for comments on the second regulation.

DHIN continues working with consultants on the application to CMS to receive Medicare data. Along with Medicaid, State Employee Benefits Plan and the Marketplace Plan, Medicare will provide a percentage of all claims generated in Delaware. The State SIMs Grant will carry the cost on some of the initiatives that DHIN has been working on.

III. Comments

None.

**Next Town Hall is scheduled for August 9th @ 11:00 a.m.
1-408-792-6300 804 255 663**