Delaware Health Information Network
Town Hall
Wednesday, May 11, 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

Upgrade
The most recent patch to the 7.4 Upgrade went into production in April and DHIN is happy to report that there has been an improvement in performance. Not only has it given us median chart load time in the range of three seconds, it has also very dramatically narrowed the gap between the slowest and fastest chart load. Though the performance improvement is only sixty percent, users are pleased and we will continue to work on closing the gap.

Public Health
St. Francis and Bayhealth are in the process of changing EHR vendors and once completed will be sending their data into Public Health.

Immunization Reporting
DHIN currently has ninety-two practices in production that are sending immunization updates electronically into the state registry (127 pharmacies and 4 hospitals).

Data Sender
CNMRI has gone into production as our latest data sender in DHIN; our newest imaging center will have an impact on users located in Kent County.

DHIN has gone live with the D.C. hospitals as data senders. We are now receiving ADTs on Delaware residents, enabling us to populate our Event Notifications with the additional data.

II. Planned Activities Update

Two of the major activities we continue working on are the ONC Grant that DHIN has received to support the technical components of the State Health Innovation Plan; and DHINs role in the grant which went to the Delaware Health Care Commission. Though they are two different grants and recipients, both support the State Health Innovation Plan.

DHINs two year grant is working with Behavioral Health, Long Term Post-Acute Care organizations and Consumers, as groups that were not eligible for funding under the EHR Incentive Program. In addition, we are also working with Eligible Professionals who were eligible under the EHR Incentive Program.

DHIN is working with both Behavioral Health and Long Term Post-Acute Care organizations to provide direct secure messaging; the ability to securely exchange protected health information point-to-point with another known and trusted recipient.

A small handful of organizations have executed agreements and several others have committed verbally. Part of what needed to be in place is a Provider Directory that gives a listing of addresses to send messages securely. DHIN went live with Phase 1 of the Provider Directory within the past month and will become more sophisticated over time; the early version consisted of a spread sheet to access from within the community health record and from inside the DHIN HISP that was offered as part of the Direct Secure Messaging service.

In addition, we are working with LTPAC on a transform tool which will allow DHIN to extract data elements that have already been submitted electronically to CMS and generate a care summary in standard CCDA format using the data. This will allow LTPACs with the opportunity to populate the DHIN document repository and ultimately, the community health record.

DHIN has a nursing home and a home health agency currently sending files; however, we have a few technical issues to work out before bringing the files into the community health record.

Consumers: DHINs goal is to stand up a state-wide patient portal that will give patients the ability to access their health data from one log-in.

A draft RFP is being circulated to key stakeholders for legal, technical and requirement review. DHIN does not want this to be in competition with organizations that currently have a successful portal. We would like to connect on the back end to the DHIN data repository, so when a patient queries the hospital /practice portal, they will also see any additional data that has been sent to DHIN. In turn, DHIN would be able to provide those organizations with reporting on how many patients have actually downloaded or viewed the information.

We have asked for feedback on the RFP by mid-May with the intent to release it and would like to make a selection by the end of the quarter.

Eligible Professionals: Under DHINs grant, three services are included:

Event Notification Service: ADT based alerting and notifications; 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.

During the month of March, eight percent of all ADT notifications were being sent to providers/organizations from MedExpress and their five walk-in-clinics. As we begin to receive data from nursing homes and home health organizations, the data will become part of the notifications as well; ensuring providers know when their patients have moved anywhere across the continuum of care.

CCDA Exchange: DHIN has surpassed our goal in terms of recruiting practices and eligible professionals to automatically send us a care summary at the conclusion of each encounter. DHIN currently has over 175,000 CCDs in our document repository; we anticipate going into production this week and moving the CCDs into the community health record. We expect to add more organizations into the community health record in monthly batches. The first will be substantial as we will be adding the practices that we have recruited/implemented over the last eighteen months. As additional practices are on-boarded, we will take them in monthly batches into the community health record.

We currently have approximately twenty-seven percent of the DHIN member practices enrolled in CCD exchange. We are interested in receiving feedback from end users as they start to see those in the community health record.

Analytic Capabilities: Payers agree on a common set of clinical quality measures and base their valued based contracts (with the provider) on the performance against a common set of clinical quality measures that will be used across the state by all providers.
During the SIM planning process, one of the issues that we heard from the physician community was a concern that the IT requirements from newer payment models were capital intensive. Providers are concerned about their ability to remain independent and still be able to afford the technology that is now a central part of doing business. DHIN will provide a shared platform that will lower the cost of entry for small practices and enable them to remain independent.

The first step is the Common Provider Scorecard which is part of the State Health Innovation Plan. We are approximately two weeks away from the first release of Version 2 of the Scorecard, which contains additional functionality and updated/new clinical quality measures. The first release of Version 2 will go out to the twenty-one practices that were part of the original pilot group; and roll out for state wide adoption in September.

In this early stage, the measures are sourced by the payers, who are calculating the numerators and denominators and sending data to DHIN along with attribution files: Which patient goes with which provider and practice? Which patients go with each measure? The goal is to get to a place where we are sourcing the clinical quality measures with the clinical data that the practices are sending to DHIN.

In addition, DHIN is gaining traction on a health care claims data base. Draft legislation is in circulation for comment. The bill would stand up a multi-payer claims data base under DHIN. The legal framework and authorization would allow for DHIN to collect claims data, in addition to the clinical data that we are receiving from hospitals, labs, imaging groups, ambulatory settings, etc. The statute that is being drafted would amend the statutory authority of DHIN, making us the entity to house the claims database.

Strategic Planning

DHIN has engaged with Gartner Consulting to facilitate a five-year Strategic Plan. There have been several meetings/interviews scheduled with the DHIN staff, Board Members and stakeholders. Please feel free to contact our office at 302-678-0220 or email us at info@dhin.org. DHIN exists to serve you and we are interested in your comments/suggestions on what we can do for you as consumers/stakeholders moving forward.

II. Comments:

Q: Kathy Westhafer, CCHS: Would you be able to say a few words regarding DHINs involvement in DMOST?

A: DMOST (Delaware Medical Orders for Scope of Treatment) was passed in the last legislative session and has named DHIN (as allowed, but not required) to serve as a repository for medical orders. A committee is in place and currently ironing out the content of the form; as the meetings continue, we will be working on how to get the information into DHIN.

The DMOST form allows EMS personnel and other health care providers both to identify and to honor an individual's wishes to the greatest extent possible and to grant individuals the dignity, humanity, and compassion they deserve. In order for EMS personnel to honor an individual's request related to end-of-life decisions, the EMS provider must have a medical order. The DMOST form serves both as the summary of the individual's advance health care planning decisions and as the medical order.

Q: John Dodd, Brooks & Dodd Consulting: Some states have a registry for opioid and/or heroin use; does Delaware have a registry.

A: Delaware has a prescription monitoring program; however, it is not connected to DHIN. Over the past several years, there have been several discussions with vendors on both sides.

Q: Marie Ruddy, Nemours: Dr. Lee, you stated that CCDs will be sent in batches on a monthly basis. Will this be for new practices or just in general?
A: Once the interface is upgraded to accept the organization, CCDs will flow in near real time. Going forward, on-boarding new practice groups will be conducted monthly as needed. Once a practice has completed the on-boarding process their CCDs will flow in near real time to the community health record.

The next Town Hall is scheduled for June 8, 2016 @ 11:00 a.m.

1-408-792-6300 Access Code: 573 296 990