

**Delaware Health Information Network**  
**Town Hall**  
**Wednesday, October 12, 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**

Bayhealth continues working with DHIN on the post production clean-up from the transition to Epic.

St. Francis is working on a major conversion. They will be adjusting their 2016 go live date. We are expecting it to be early in the calendar year 2017.

**Public Health**

DHIN continues working with Public Health on Immunization Reporting, Syndromic Surveillance, Electronic Lab Reporting and Newborn Screening.

Currently, 175 pharmacies and 150 practices are reporting immunizations to Public Health electronically through DHIN.

**Newborn Screening**

DHIN continues working with Public Health on Newborn Screening which has two components, early hearing testing and the metabolic testing. The intent is to combine both reports into one and deliver through DHIN back to the birthing hospital and provider.

DHIN had been working with Public Health and their vendor on technical issues surrounding the ability to get informed consent before genetic testing is done on the baby. DHIN currently has four of the six hospitals submitting data. Once St. Francis has completed their conversion with Cerner their data will also be sent electronically through DHIN to Public Health.

### **Data Senders**

DHIN is currently in progress of on-boarding Newark Emergency Center. However, they have encountered issues with their EHR vendor. Newark Emergency Center will be our sixth urgent care clinic contributing data into DHIN.

On-boarding urgent care clinics/walk-in clinics help reduce the fragmentation of health data; the more we can on-board and sending records of encounters helps close the gap and transition of care to the primary providers.

DHIN continues working with Delaware Center for Maternal Fetal Medicine. We had encountered legal issues with electronic storage and reporting of the genetic data; however, they have been resolved and we anticipate completion by the end of 2016.

In addition, DHIN has executed an agreement with Medical Diagnostic Labs and they will be sending us data from residences of Delaware, New Jersey, New York, Pennsylvania, and Maryland.

### **Grant**

Under the current grant, DHIN is required to work with target populations that were not eligible for funding under the EHR Incentive Program; in addition to one target group that was eligible. Target populations that were not eligible for funding: Behavioral Health, Long Term Post-Acute Care and Consumers.

Under DHINs grant, our role is to subsidize these providers in receiving a Direct Secure Messaging account. For both Behavioral Health and Long Term Post-Acute Communities, query into the CHR has increased since working on the grant; they are using the CHR and seeing value in doing so. However, it has been a slower process in having them contribute data into the CHR.

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 will be accompanied by an ADT.

The third target population that DHIN is working with who were not eligible for the EHR Incentive Funding is the Consumer. DHIN is working with MedicaSoft on a Personal Health Record (PHR) and we are looking at three potential scenarios/models for the state-wide patient portal.

The intent is to have the PHR implemented and in use by the end of December. It is an aggressive timeline and we anticipate basic functionality in place and we will continue to add and develop across time.

In addition, three major activities that we are working on with Eligible Professionals:

1. Fostering the adoptions of our Event Notification System
2. Automatically sending a care summary at conclusion of each clinical encounter.
3. Use of our analytical platform

DHIN is very pleased with the growth of the Event Notification Service and Care summaries by our practices. The October wave of bringing practices into the community health record with their care summaries, will be at/above 100 practices. Currently 82 practices are in production and automatically sending care summaries at the conclusion of each encounter.

### **The Common Provider Scorecard**

The Common Provider Scorecard is the first of a number of initiatives that we will be working on using the analytics platform. DHIN's work on the Scorecard continues; Version 2/Release 2 is expected to go out October 18<sup>th</sup> and be offered state-wide. The October release will also display the statewide average to ensure each provider can see how they compare to their peers across the state.

Two additional Releases are planned for November 2016 and February 2017; the November Release will incorporate data from AETNA

## **II. Planned Activities Update**

### **Grant Opportunity**

ONC recently announced a supplemental grant with a very short time line; of the twelve states eligible for application, DHIN was one of four states that have been awarded \$625,00.00. The purpose of the grant is to expand the exchange of ADT files and the notification services driven by ADTs.

Delaware is fortunate that our neighboring state, Maryland also has a very mature and robust state-wide HIE. Based on the state residence of the patient, Delaware receives ADTs from all Maryland hospitals and Maryland receives ADTs from Delaware hospitals, enabling both states to use the shared data to fuel our Event Notification System (ENS). However, our biggest population is in New Castle County which borders the Pennsylvania line. Health Share Exchange (HSX), the HIE for the five counties of Southeastern Pennsylvania has agreed to commit to this grant opportunity and they are ready to work with us to exchange ADTs between the five Pennsylvania counties and Delaware.

ONC is looking for grantees to develop a trust and legal framework that can be scalable nation-wide, achieve standardization of the ADT messages that would fuel Event Notification, clinical quality measure reporting, and a Provider Directory for Direct Secure Messaging that crosses state borders.

### **HITRUST**

DHIN continues with the year-long effort. DHIN is managing a large amount of data and we need to ensure that we follow all state and federal laws and regulations for privacy and security. DHIN will have all information completed and our application submitted with supporting documentation by March 2017.

### **Strategic Plan**

Our five-year Strategic Plan was presented to Board of Directors at the July meeting. Board members felt they need time to review the plan; therefore we will be presenting the plan at the October meeting. Once approved, we will share publicly with all stakeholder and members of the community.

### **III. Comments**

**Q:** Kathy Westhafer, CCHS: With the onboarding of Newark Emergency Care, what kind of data will they be submitting?

**A:** Newark Emergency Care will be submitting ADTs and care summaries at the conclusion of each encounter and will be similar to the data received by MedExpress.

**C:** Marie Ruddy, Nemours: Great update and happy to hear DHIN is expanding with data senders such as the Newark Urgent Care.

**The next Town Hall is scheduled for November 9th @ 11:00 a.m.  
1-408-792-6300 Access Code: 573 296 990**