Delaware Health Information Network
Town Hall
Thursday, September 8, 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, also planning a major conversion has placed everything on hold until FY17.

Public Health

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

Due to Bayhealth's conversion to Epic, the interfaces with Public Health will need to be updated. Bayhealth has sent sample messages to Public Health for viewing of accuracy, content and zero transmission errors. We are hoping that by the end of September, Public Health will have approved Bayhealth for on-going production.

Newborn Screening

DHIN continues working with Public Health on Newborn Screening which has two components. The first phase will be for hospitals to send early hearing screening data electronically through DHIN to Public Health. 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.

The second phase will be combining both the early hearing detection and metabolic screening testing into one report to be delivered back to the pediatrician and/or birthing hospital. 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 has several practices and hospitals ready to pilot the capability with DHIN; testing and delivery of results by all three delivery channels directly into an EHR, Web-Inbox, and auto print.

Data Senders

DHIN is currently in progress of on-boarding Newark Emergency Center to send in care summaries. 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 signed 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 HITECH 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.

DHIN has found that most Behavioral Health organizations do not have an EHR and getting those organizations to exchange information electronically has been challenging. 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 the value in doing so. However, it has been a slower process in having them contribute data into the CHR. An important part of the State Health Innovation Plan is to gain a tighter integration between behavioral health organizations and primary care physicians.

As part of the innovation work that is funded with the SIM Grant, the Health Care Commission is essentially doing a replica of the EHR incentive program specifically for behavioral health. An RFP was put out for practices who want to acquire or upgrade an EHR to apply for funding. If you are interested, or know of an organization that is interested in the additional funding to acquire or upgrade their EHR, please log into the Delaware Health Care Commission web-site at

bids.delaware.gov. Please view the website regularly as there will be waves of applications over a period of time.

DHIN is also working with the Long Term Post-Acute Care Communities to offer Direct Secure Messaging as well. In addition, we are working with the state and the Post-Acute Council on data that is currently captured on paper on the Interagency Transform Form and finding a cost effective and efficient work-flow way to electronically capture data and support transitions of care.

Randy Farmer is scheduled to meet with attendees from Long Term Post-Acute Communities and Accountable Care Organizations to discuss mutual information needs and how DHIN can play a role in helping to facilitate.

The third target population that DHIN is working with who were not eligible for the EHR Incentive Funding is the Consumer. The RFP Evaluation Committee met yesterday and by near unanimous vote selected a vendor for the state-wide patient portal (PHR). We are currently working on the contract negotiations and will announce the vendor once finalized.

We are looking at three potential scenarios/models for the state-wide patient portal:

1. DHIN does not want to interrupt or compete with the hospitals, practices and health plans that currently have a patient portal. However, DHIN does want to integrate into the community health record on the back-end and feed data from all data senders when a patient queries the hospital or practices portal. Patients will be able to access their data from one place. Reporting will be provided back to the provider stating access from an individual patient who was searched and the provider will receive credit under the Meaningful Use Program.

2. For practices that do not have a portal, we can use grant funding to help set up a patient portal and brand it for each practice. Again, it will provide the patient with access to data sent by ALL data senders with a single login.

3. Patients visiting paper based practices still have data in the DHIN repository. A DHIN branded portal would be made available for those patients to access their health records from anyone that has contributed data.

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.

One of the items we are excited about is the ease of support for both the English and Spanish languages. For additional languages that consumers may want to use, we will need a translator that will work with us in creating a translation table of key information and then upload to the system.

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, DHIN 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 18th and be offered state-wide. The new functionality in the October release will include the reporting of performance on each of the defined metrics but also comparing to goals that were set by each payer for the provider's performance on that metric. We will also be able to display the statewide average to ensure each provider can see how they compare to their peers across the state. In addition, we will be offering a rolled up aggregated state wide reporting that will go to the to the Delaware Center for Health Innovation, enabling them to track our progress against specific goals of the SIM Grant; moving our state in the direction of improved health and improved care.

We initially began working with a group of 21 pilot practices; throughout the month of August web enrollment was open and available to any additional practices that chose to join and utilize the Scorecard.

Two additional Releases were planned for November 2016 and February 2017; we have been in discussion with the Health Care Commission on potentially modifying the timing/content of both Releases. For the November/Release 3, we plan to bring on AETNA as a new payer.

The additional functionality was going to be reporting on the practice transformation metrics and disaggregation of the practice down to the level of a site. There has been a request to parse the metrics down to the site level rather than the practice level; however, we have found the technical approach we have been pursuing is not executable due to technical limitations on the part of the payers. We are back in conversation with the Health Care Commission and our vendor to discuss alternative ways to approach practice disaggregation. The Health Care Commission will provide a final decision on when and how we will proceed.

II. Planned Activities Update

Grant Opportunity

ONC has recently announced a new grant with a very short timeline. DHIN has submitted a proposal for a supplemental grant which is only being offered to the twelve HIEs that currently have a grant under ONC. The supplemental grant focuses on accelerating the exchange of ADT's and the notification and reporting that can be done based on those ADT's. This grant specifically requires accelerating interstate exchange.

The announcement of the grant awardees will be announced by September 16th. Should DHIN be one of the four recipients, we will be kicking off work with HSX in Southeast Pennsylvania and begin the exchange of data with Philadelphia hospitals. We will be looking at scalable legal/trust agreements that can be quickly replicated with HIE's across the country and ways to manage and contain the cost of exchange across state borders.

We will also be looking at bringing on more urgent care clinics to provide us with ADT's that can fuel notifications back to the primary care providers.

In addition we will be looking to onboard Telemedicine Encounters.

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.

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

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

Q: Regarding Delaware Center for Maternal and Fetal Medicine, what does DHIN anticipate getting from them?
A: A CCDA formatted document will be received from DCMFM; the majority of the work that is done is prenatal testing. DCMFM receives referrals from a community of OBGYN's who are concerned about potential fetal anomalies. The legal framework surrounding the genetic testing has been resolved. Patients will be informed at the time of screening that DCMFM has electronic medical records and results will be stored in an EHR and will be accessible to authorized users. DHIN is the vehicle by which testing is reported back to the ordering provider. If they are not comfortable, the testing will not be completed.

Newborn Screening was also placed on hold for the same reason. NBS was handled a little differently because it involved minors who were not able to grant consent. Special legal issues in NBS that did not apply to other.

Q: If a patient refuses consent, will they not be allowed to have the screening.
A: DHIN is not sure how DCMFM will handle a refusal of consent. However, the reality is that everyone is going digital.

Q: Is there any information you can provide on telehealth/telemedicine?
A: Specific one grant funding to support. CCHS has contracted with American Well to provide telehealth services on behalf of their employees and family members who are self insured. CCHS would like a record of those encounters to be included in the community health record and a copy sent to the patient's primary care provider to close the loop. We are in the process of discussion with American Well to do the work on behalf of the CCHS clients. If DHIN receives the supplemental grant, we will go out and solicit for an RFP

DHIN has contracted with a company on a revenue sharing agreement. They provide telehealth services as a subscriptions service directly to the general population. Consumers may be willing to pay a small monthly fee for unlimited access to a doctor day or night. Arrangement DHIN has is if consumer elects to subscribe to their service through a channel that DHIN has sponsored there will be a revenue share that comes back to DHIN.

The next Town Hall is scheduled for November 9th @ 11:00 a.m.
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