Delaware Health Information Network
Annual Report 2015

DHIN: Data and the Greater Good
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Letter from Management

Fiscal Year 2015 was another success for the Delaware Health Information Network (DHIN) and also one of building for a future where DHIN data is increasingly used for the greater good.

In this report you will see how we expanded our reach to fill gaps in the continuum of care, added new features and services to provide better individual patient and population health and made strategic decisions to enhance our long-term financial sustainability.

This year we added two new hospitals on our Maryland border, Union Hospital and Peninsula Regional Medical Center, both serving Delaware residents. The seamless communication achieved through partnerships like these is key to improving care and reducing healthcare costs. The days of patients being asked to carry copies of their own records, or of medical practices needing to fax, scan or mail results are diminishing. This is a very exciting moment for all of us because it will result in saved time and effort for medical professionals and better care for patients. Patients who do not receive timely post-treatment care are at an increased risk of a return visit to the hospital sooner rather than later.

DHIN is collaborating with other healthcare stakeholders as we are transforming the U.S. healthcare system. As part of the State Health Innovation Grant, DHIN is pleased to play an important role in developing and supporting the Common Provider Scorecard. This initiative will standardize the quality indicators used by payers to determine reimbursement rates for providers.

Financial sustainability has been a core strategy for DHIN so that we can remain viable and serve the greater good. This year we have both grown revenue and reduced our costs. We are also pleased to announce that we have lowered our data sender participation fees by 10% for FY 2016. To the best of my knowledge, we are the first public HIE that has been financially strong enough to be able to give back in this way to these early investors. As the value has become apparent and more participants brought us to sufficient scale, we have been able to lower our fees and still cover our costs. We intend to continue following this strategy as we roll out new features and services.

We appreciate the financial support DHIN has received in the past and are proud that we continue the delivery of a strong return on that investment. On behalf of our Board of Directors and the entire staff, we thank our stakeholders, funders, partners and customers for your unwavering support. Please enjoy this FY 2015 annual report.

Sincerely,

[Signature]

Dr. Jan Lee, CEO
Vision:

Share real-time clinical information among all healthcare providers (office practices, hospitals, labs, diagnostic facilities, etc.) across the state to improve patient outcomes and patient-provider relationships, while reducing service duplication and the rate of increase in healthcare spending.

Mission:

To facilitate the design and implementation of an integrated, statewide health data system to support the information needs of consumers, health plans, policymakers, providers, purchasers and research to improve the quality and efficiency of healthcare services in Delaware.

Goals:

- To improve the care received by patients served by Delaware’s healthcare system and to reduce medical errors associated with the often inaccurate and incomplete information available to providers of medical care.
- To reduce the time required and financial burdens of exchanging health information among healthcare providers and payers (necessary for patient care), by addressing the currently siloed and unintegrated model of distribution methods and dramatically increasing use of electronic means.
- To improve communication among healthcare providers and their patients to provide the right care at the right time based on the best available information.
- To reduce the number of duplicative tests to afford specialists a more comprehensive view of the patient upon referral from his/her primary physician and to expedite the reporting of consultant opinions and tests/treatments between specialists and the referring physicians.
- To improve the efficiency and value of electronic health records (EHR) in the physician office and to assist those physicians without an EHR to better organize and retrieve test results.
Driving Value for the Delaware Healthcare Ecosystem

Exceeded 2015 Goals for Adoption

DHIN exceeded its FY 2015 goal of 50% year over year growth in adoption of services introduced in FY 2014. It also doubled the number of available service lines in the past two years. It continued its introduction of new services in FY 2015 with the Common Provider Scorecard, fraud detection tools and bulk clinical data transfers by patient cohorts.

“We totally love DHIN! It is such a time saver and I can get ACCURATE information, as opposed to getting a nurse at the hospital who may not have the time for me. Sometimes it even saves me from going to the hospital to see the patient, and it saves the resident from getting unnecessary labs if they have already had them done in the hospital. We LOVE DHIN! Use it almost daily!”

Zandra Sauers, RN
Resident Care Director
Emeritus at Dover
Bringing Video Imaging to the Community Health Record

Last year sending images was a new feature in the DHIN. This year Saint Francis became the first data center in Delaware to add the capability of sending video imaging. Through DHIN’s latest collaboration, healthcare professionals at Saint Francis Hospital can view patient echocardiograms in the Community Health Record (CHR). This video technology shows the echo in action, giving a patient’s healthcare team a view of the blood flowing through the heart. This dynamic technology marks an improvement from static images.
Driving Value for Hospitals and Other Data Senders

The number of organizations sending data through DHIN has increased from 7 to 22 from FY 2012 to FY 2015, which represents more than a three-fold increase over three years. The new data senders this year were Delaware Diagnostic Imaging and Union Hospital.

The participation of radiology and laboratory groups in the DHIN is critical to ensuring coordination of care, allowing physicians and medical professionals to access reports in real-time and make patient treatment decisions more quickly and efficiently.

“Immediate access to a patient’s medical history is invaluable, particularly in an emergency. Union Hospital’s collaboration with DHIN is an integral part of our ongoing commitment to provide safe, high-quality health and wellness services.”

Kenneth Lewis, MD, JD
Union Hospital President & CEO
Sign-Offs Continue to Increase

Participation in DHIN continued to increase this year resulting in a total of 816 end user organizations enrolled by the end of FY 2015. Of the practices enrolled, 95% are “signed-off” meaning they receive their results exclusively through DHIN. DHIN’s growth in enrolled practices and sign-off rate increases the effectiveness of the Community Health Record and helps reduce costs for its data providers (hospitals, labs and radiology firms).

DHIN Makes Cohort Tracking a Reality

With funding from an innovation grant from the Centers for Medicare and Medicaid Services, DHIN and Christiana Care Health System (CCHS) collaborated on a program called Bridging the Divides (Bridges). It is a care management program focused on helping Medicaid patients with significant chronic conditions transition successfully from hospital care and improve their long-term health.

A core component of the program was improving the technology infrastructure to make data from clinical sites more available to the providers caring for each patient. DHIN and CCHS developed and launched a clinical alert system. By creating a “watch” list of patients, providers are notified each time one of those patients is admitted to a Delaware hospital or has a clinical test result generated by one of the 22 DHIN participating hospitals, labs and radiology firms.

Armed with this real-time information and analysis by the team at CCHS, the patient’s entire medical care team can better monitor progress and make any necessary changes to the care plan.

Not only can this service be used at CCHS as part of the Bridges program, but this service can be used by any hospital, payer, Accountable Care Organization or other provider to improve the tracking of their patients and transitions of care. The goal of this jointly developed program is to improve the delivery of evidence-based care tailored to each individual patient, resulting in better health, better healthcare and lower costs.
Driving Value for Practices

Increasing Interfaces with EHRs

For 24 EHRs, which account for 81% of DHIN’s EHR users, there is available a DHIN-certified results-delivery interface which enables provider practices to receive all data types from all senders across a single interface directly into their EHR. This accounts for an increasing proportion of all directed exchange.

For users with a DHIN EHR interface, clinical results provided through DHIN flow directly into the provider’s EHR, meaning he or she never has to leave the EHR to retrieve clinical results or reports and incorporate them into the medical record system. A single interface to DHIN enables results from all of DHIN’s data senders to be directly incorporated into the practice’s EHR.

“As a primary care physician, information is vital to the delivery of patient-centered care. Without accurate records, the patient-physician relationship is never properly cemented. DHIN has bridged this gap by bringing clinically relevant information to providers in Delaware. Easy to access during an office visit, DHIN has provided a vital tool to all participants. The leader in health technology is DHIN - a model program that has set the example for the future.”

Teshina N. Wilson DO
Chief Medical Officer
Henrietta Johnson Medical Center
Adoption of DHIN’s Community Health Record is Broad and Growing

Participants can receive results through the Community Health Record as an alternative to the EHR results delivery method. Authorized DHIN users search for their patients and their data, view the clinical results and can receive them through an inbox.

Queries by ambulatory entities continue to climb. In fact, 87.7% of all queries of the Community Health Record are from the ambulatory setting. Nearly all ambulatory providers in Delaware receive clinical results and reports through DHIN, and 95% of these use DHIN as their single delivery channel.

Members report streamlined workflow and improved quality of care through a more complete clinical record.

A 2013 study by Maestro Strategies for DHIN’s HIE Cooperative Agreement final report showed an annualized cost saving of over $10 million across the state through reduced duplication of high-cost lab and imaging studies.
Driving Value across the Care Continuum

The charts above illustrate the increase in use of the query method of delivery among two important constituents in the continuum of care. Skilled nursing facilities had a 52% increase in year over year monthly chart views. Behavioral Health providers had an 8-fold increase year over year in monthly chart views.
Good Healthcare Knows No Borders

Delaware and Maryland are sharing inpatient and emergency department admission, discharge and transfer notifications with each other. Approximately 3% of these event notifications to Delaware payors and providers are generated from Maryland hospitals and reported to DHIN through our information sharing agreement. Delaware providers would not otherwise receive this data. Reciprocally, DHIN delivered event notification alerts to CRISP, its Maryland counterpart.

The timely availability of critical information among care teams across state borders supports the continuity of a patient’s care. It can help prevent stressful, costly readmissions as well as unnecessary and duplicative tests.

Union Hospital - This year Union Hospital began delivering medical results and reports on Delaware patients to Delaware’s Community Health Record. The exchange allows for the patient’s “home” healthcare team to have direct access to the results of any tests or procedures conducted by the care team at Union. This helps to create a more complete health record on DHIN.

Atlantic General Hospital - Atlantic General Hospital began exchanging all five data types with DHIN in December 2014. It had previously exchanged only labs results and Admission Discharge Transfer (ADT) reports. This year it added pathology reports, radiology reports and transcribed reports. DHIN has also incorporated Atlantic General Hospital into the syndromic surveillance reporting to Public Health.

Peninsula Regional Medical Center (PRMC) - Eastern Shore’s largest hospital network is the newest Maryland hospital to join the DHIN. When fully online later this calendar year, it will share laboratory, pathology and radiology test results as well as the transcription summaries for the thousands of Delawareans who seek care who seek care across the state’s southern border.

“With respect to healthcare, the speed at which state lines are blurring continues to accelerate, and the addition of an institution as large as PRMC is momentous,” said Dr. Jan Lee, CEO of DHIN. “We see a time in the very near future when doctors across the country will have seamless and secure exchange of health information across a borderless system, regardless of where the patient lives, works or vacations. These are the first steps to making that level of clinical access a reality.”
Driving Value for the State

Delaware’s Common Provider Scorecard Takes Shape

Delaware’s State Health Care Innovation Plan is a collaboration among organizations with a stake in healthcare and is funded in part through a federal grant from the Center for Medicare and Medicaid Innovation (CMMI). The plan seeks to accelerate the adoption of new models of care delivery and value-based payment to achieve the triple aim of better care, healthier citizens and smarter spending.

Among the initiatives included in the plan is a Common Provider Scorecard, designed to standardize a core set of measures that will be used by all payors in their value-based contracts. It will give providers just one place to go to see their scorecard for each payor and their entire practice in aggregate.

A statewide taskforce of providers and payors collaborated on the selection of measures that are relevant for Delaware, acceptable to the payors and measurable, given currently available tools and data sources. Nineteen metrics were selected, addressing clinical outcomes, progress toward practice transformation, patient satisfaction and cost of care.

DHIN partnered with medical analytics provider IMAT Solutions to develop a framework for display of and access to the scorecard. Additionally, DHIN worked with the parties involved to develop two-way communication between provider and payor should there be any dispute, such as regarding attribution of a given patient to a given provider. A beta version of the scorecard was unveiled and generated great interest at the leading health information industry conference in April.

“DHIN continues to be a critical partner in healthcare innovation, providing valuable tools that support quality care, the improved health of Delaware’s population and a sustainable healthcare system for the future.”

Bettina Tewardy Riveros
Chair
Delaware Health Care Commission
DHIN Enables Electronic Reporting to Public Health

The chart below shows the number of organizations that DHIN has assisted in meeting childhood and adult immunization reporting requirements. Automated electronic reporting of immunizations qualify the hospital or practice for “Meaningful Use” incentives. It also decreases the burden on Public Health of keeping the registry current, increasing the probability that a provider querying the registry will see a complete, up to date immunization history for that patient.

Utilization of Community Health Record by State Agencies

The chart at the bottom of the page shows the data being “pulled” or viewed by State Agencies. The Department of Corrections, Epidemiology and the Cancer Registry are the highest users.
Financial Sustainability

DHIN’s multi-pronged strategy for financial sustainability is showing meaningful results and keeps it a leader among health information exchanges in the nation.

The accomplishments in FY 2015 include:

- Lowering the participation fees for data senders for FY 2016 by 10%.
- A 93% discount on the price of new data stages (storage), which will impact not just new implementations, but also the ongoing hosting and maintenance of costs for new data senders.
- Continuing to leverage Mirth infrastructure for transporting data.
- Cutting other costs by an average of 25% over a three year period.
- Diversifying revenue sources to be less dependent on results delivery as the primary source of operational revenue.

“I think DHIN has saved a lot of money particularly for my practice. I’m not getting duplicate faxes sent to me and from other facilities and that’s been a huge resource in terms of time. My staff is not spending time on the phone trying to get results sent. Instead we can just log onto DHIN, verify the patient, and have access to all of that in less than 30 seconds.”
Sherin Ibrahim-Howett, DO
Sleep and Internal Medicine
The Pearl Clinic

“The information on DHIN is so helpful to our practice. We have patients come into the office that can’t remember where they had lab/radiology work done. Utilizing the DHIN system, we log onto DHIN, type in the patient’s name and we can see where the patient had reports done. It really does help us from having to call around and track down that information.”
Debbie McGinnes
Nurse
Bijan Sorouri, MD
Summary and Future Outlook

Summary of Achievements: FY 2015 Goals Were Exceeded

Financial / Stability
• Implemented two new data senders outside of Delaware and increased engagement of a third data sender.
• Reduced the cost of data storage by 93% and hosting and maintenance by 25%.
• Increased revenue from non-results-delivery sources by 18% of FY 2014 results-delivery revenue.

Adoption / Relevance
• Increased growth in adoption of services implemented in FY 2014 by levels ranging from 63% to 27-fold increases.
• Expanded participation in DHIN to new constituencies (walk-in clinic as a data sender; insurance fraud detection).
• Increased adoption of DHIN by urgent care/walk-in clinics to 81%.

Feature / Function
• Stood up infrastructure to support clinical research and population views of data.
• Implemented tools to make clinical data available to payers (supporting quality measurement).
• Incorporated payor data into DHIN (i.e. Common Provider Scorecard).

Future Outlook

The successful achievements and ongoing projects in 2015 position the use of DHIN data for even more impact on the greater good in the future. The priorities are:

• Continued growth in the communities that will help close the gap in continuum, particularly among consumers, long term care and behavioral health organizations.
• Completing the initiatives started in 2015, such as the technology upgrade, and the Common Provider Scorecard.
• Continuing to encourage adoption of value added programs that will improve the experience of patient care, improve the health of populations and reduce the per capita costs of healthcare.
• Having been awarded a $2.75 million grant from the federal government, DHIN looks forward to continuing to drive value for the regional healthcare ecosystem.
# Statement of Financial Position
for the year ended June 30, 2015

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
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</tr>
<tr>
<td>Unrestricted Cash</td>
<td>$3,158,738</td>
<td>$4,649,776</td>
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<tr>
<td>Restricted Cash</td>
<td>265,685</td>
<td>334,715</td>
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<td>Receivables</td>
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<tr>
<td>Trade</td>
<td>332,683</td>
<td>840,917</td>
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<tr>
<td>State</td>
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<td>0</td>
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<tr>
<td>Federal</td>
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<tr>
<td>Lease Deposit</td>
<td>6,979</td>
<td>6,979</td>
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<tr>
<td>Property and Equipment - Net</td>
<td>6,482</td>
<td>225,435</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$3,770,567</td>
<td>$6,057,822</td>
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<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
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</tr>
<tr>
<td>Accounts Payable</td>
<td>242,185</td>
<td>318,715</td>
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<tr>
<td>Accrued Expenses</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Deferred Income</td>
<td>64,250</td>
<td>3,600</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>$302,835</td>
<td>$322,315</td>
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<tr>
<td><strong>NET ASSETS</strong></td>
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<tr>
<td>Restricted</td>
<td>23,500</td>
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<tr>
<td>Unrestricted</td>
<td>3,440,632</td>
<td>5,719,507</td>
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<tr>
<td>Invested in Capital Assets, Net of Related Debt</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>$3,464,132</td>
<td>$5,719,507</td>
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<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$3,770,567</td>
<td>$6,057,822</td>
</tr>
</tbody>
</table>

1. Restricted Accounts Receivable includes payment due from a private payor for per member per month fees as well as receivables from DHIN’s data senders for results delivery services performed.
2. Accounts Payable represents payment due for the development of a clinical analytics platform, payment to Medicity for CCHS CMMI normalization work and year-end performance incentives for DHIN staff.
# Statement of Operations

for the year ended June 30, 2015

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Senders</td>
<td>$2,912,198</td>
<td>$3,765,040</td>
</tr>
<tr>
<td>Payers</td>
<td>2,840,483</td>
<td>3,044,716</td>
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<tr>
<td>Contributions</td>
<td>1,000,000</td>
<td>1,000,000</td>
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<tr>
<td>Grants</td>
<td>1,804,870</td>
<td>114,250</td>
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<tr>
<td>Providers</td>
<td>18,612</td>
<td>48,287</td>
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<tr>
<td>Professional Services</td>
<td>62,651</td>
<td>211,991</td>
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<tr>
<td>Department of Public Health</td>
<td>0</td>
<td>116,073</td>
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<tr>
<td>Interest Income</td>
<td>3,521</td>
<td>5,292</td>
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<tr>
<td><strong>TOTAL REVENUE</strong></td>
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<td>$8,305,648</td>
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<td></td>
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<td></td>
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<tr>
<td><strong>EXPENSES</strong></td>
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<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>2,043,440</td>
<td>2,296,718</td>
</tr>
<tr>
<td>Administration</td>
<td>282,157</td>
<td>378,426</td>
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<tr>
<td>Operations</td>
<td>1,110,334</td>
<td>1,187,923</td>
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<tr>
<td>Depreciation</td>
<td>44,819</td>
<td>16,597</td>
</tr>
<tr>
<td>Contractual (Non-Technical)</td>
<td>1,402,249</td>
<td>576,881</td>
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<tr>
<td>Marketing</td>
<td>90,542</td>
<td>128,029</td>
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<tr>
<td>Ongoing Licenses and Maintenance</td>
<td>1,081,827</td>
<td>1,093,480</td>
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<tr>
<td>New Functions</td>
<td>1,254,717</td>
<td>437,463</td>
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<tr>
<td>New Functions Licensing</td>
<td>346,845</td>
<td>62,150</td>
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<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td>$7,616,529</td>
<td>$6,177,667</td>
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<tr>
<td></td>
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<tr>
<td><strong>NET INCOME</strong></td>
<td>$1,205,807</td>
<td>$2,127,981</td>
</tr>
</tbody>
</table>
Leadership and Staff

DHIN Executive Management

Jan Lee, MD, Chief Executive Officer
Mark Jacobs, MHA, Chief Information Officer
Randall J. Farmer, MS & MEd, Chief Operating Officer
Michael Sims, MBA, Chief Financial Officer
Richard Wadman, MPA, Senior Program Manager

DHIN Staff

Ali Charowsky, Executive Assistant
Wendy Fitzgerald, DHIN Help Desk Coordinator
Andy Gillan, EHR Integration Project Analyst
Erica Hutchinson, Network and Operations Systems Analyst
Michael MacDonald, Provider Relationship Manager
Dorothy McCluskey, Provider Relationship Manager
Lynn Misener, Senior Project Manager
Lakeisha Moore, Provider Relationship Manager
Cathy Paulish, Project Analyst
Michele Ribolla, Provider Relations Business Manager
Jamie Rocke, Provider Relationship Manager
Jonathan Val, Customer Support Specialist
Jody Wilson, Network and Operations Manager
Executive Officers

Randall Gaboriault*, Chair, Chief Information Officer, Christiana Care Health System
Stephen Lawless, MD, Vice-Chair, Vice President, Quality and Patient Safety, Nemours/Alfred I. duPont Hospital for Children
Bettina Tweardy Riveros*, Secretary, Advisor to the Governor, Delaware Department of Health and Social Services Designee
Donna Goodman*, Treasurer, Vice President, Chief Financial Officer and Chief Operating Officer, Westside Family Healthcare

Board Members

Meaghan Brennan, Deputy Director, Budget Development, Planning, Delaware Office of Management and Budget
James L. Collins, Chief Information Officer, Delaware Department of Information & Technology
Stephen Groff, Director of Medicaid and Medical Assistance
Jeffrey E. Hawtof, MD, FAAFP, Vice President, Medical Operations and Informatics, Beebe Healthcare
A. Richard Heffron*, President, Delaware State Chamber of Commerce
William E. Kirk, III*, Esq., Vice President and Corporate Secretary, Highmark Blue Cross Blue Shield Delaware
Kathleen S. Matt, PhD, Dean, College of Health Services, University of Delaware and Executive Director, Delaware Health Sciences Alliance
Kimberly Reinagel-Nietubicz, Senior Legislative Analyst, Delaware Office of the Controller General
Stephen Saville, JD, President & CEO, Medefis, Inc.
Gary Siegelman, MD, MSc, Senior Vice President, Chief Medical Officer, Bayhealth Medical Center
Terri Steinberg, MD, Chief Medical Information Officer, Christiana Care Health System
Thomas Trezise*, Trellist Ventures

* Executive Committee member
# DHIN Participants and Stakeholders

## Data Senders

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (100%)</td>
<td>All DE acute care hospitals</td>
</tr>
<tr>
<td></td>
<td>3 border hospitals in MD</td>
</tr>
<tr>
<td>Labs (~100%)</td>
<td>All major reference labs</td>
</tr>
<tr>
<td></td>
<td>Public Health lab</td>
</tr>
<tr>
<td></td>
<td>Several smaller independent labs, including 2 NJ based</td>
</tr>
<tr>
<td>Imaging Centers (~95%)</td>
<td>All hospital based imaging centers</td>
</tr>
<tr>
<td></td>
<td>Majority of free-standing</td>
</tr>
<tr>
<td>Neighboring State HIE (1)</td>
<td>DHIN exchanges hospital and ED discharge information with Maryland’s HIE</td>
</tr>
<tr>
<td>Pharmacies (Immunization Update) (~42%)</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Practices (CCD) (~10%)</td>
<td></td>
</tr>
</tbody>
</table>

## Data Receivers/Users

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers (98%)</td>
<td>Plus providers in bordering states with affiliations in DE</td>
</tr>
<tr>
<td>FQHCs (100%)</td>
<td>Skilled Nursing Facilities (100%)</td>
</tr>
<tr>
<td>School Based Clinics (100%)</td>
<td>Urgent Care/Walk-In Facilities (81%)</td>
</tr>
<tr>
<td>Assisted Living (90%)</td>
<td>Home Health (59%)</td>
</tr>
<tr>
<td>Behavioral Health (40%)</td>
<td>State Agencies, including:</td>
</tr>
<tr>
<td></td>
<td>State epidemiologists</td>
</tr>
<tr>
<td></td>
<td>Immunization registry</td>
</tr>
<tr>
<td></td>
<td>Cancer registry</td>
</tr>
<tr>
<td>Health Plans (49% of DE residents covered by participating plans)</td>
<td>Department of Corrections</td>
</tr>
</tbody>
</table>