

Delaware Health Information Network
Town Hall
Wednesday, April 11, 2018
11:00 p.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:

Data Senders

DHIN has been working with several new data senders; however, due to our technology refresh and timing, we will be holding off on completion of new projects until the refresh has been completed.

DHIN has been in active negotiations with Health Share Exchange, southeastern Pennsylvania HIE to add new facilities to exchange data with DHIN. HSX has been restrictive in their data, allowing only ADTs for our Event Notification System (ENS). Subscribers to ENS admissions/discharges to and from hospitals and Emergency Departments in Pennsylvania are included in ENS reports. DHIN is currently only receiving data from six hospitals. HSX has indicated they are ready to onboard twelve additional hospitals in groups of six. Once we complete our technical refresh, we will start actively working to onboard additional hospitals from Pennsylvania.

DHIN was disappointed not to see Children's Hospital of Philadelphia (CHOP) on the list, as many pediatric patients from Nemours are going to Philadelphia. We have asked our colleagues at Nemours if they would reach out to their contacts to help facilitate an agreement.

PHR

DHIN has extracted all historical data from Medicity since 2007; data has been imported in a pre-production environment for further QA testing. The data supports both the Personal Health Record and the Community Health Record.

Phase 2 of the PHR will be working on accounts for pediatric patients, enabling parents to subscribe and have the ability to monitor their children's health status. In addition, DHIN is working with Public Health to allow users to print immunization records from within their Personal Health Record (PHR).

Tech Refresh:

DHIN continues working through the technology refresh with MEDfx. Our timeline is very aggressive! We are focusing on a viable replacement for Medicity and to go live by the end of June - as our contract with Medicity ends.

There are both infrastructure and platform changes, replacing two major components. The first is interface results delivery from DHIN into the EHR of practices; 1600 result feeds have been remapped through the new engine.; a total of 287 practices and 1700 providers. One-third of all result types are live and on the new platform today going directly to the EHRs. One-third of the coding has been completed and messages are correct.

II. Planned Activities Update:

Common Provider Scorecard:

There is still some concern regarding the adoption of the Provider Scorecard; we will continue to discuss the future of the scorecard. Payers have agreed on the quality measures and the best way to present the information to providers and when, if at all, will this be made accessible to public. We want to ensure transparency and quality enabling patients the responsibility for their own health.

There will be a total of four releases this fiscal year; the third release was sent out in March and the final release will go out in May and include a full year of claims data.

The state of Delaware established an advisory group for spending and quality benchmarks in addition to determining between two and five quality measures to factor in on the work with the Scorecard.

HITRUST:

DHIN has had a successful HITRUST interim and our certification and will be maintained for another year

DMOST:

The technology is in place for DMOST, a state wide registry, passed by legislation for end of life orders. The technical solution serves as the back bone for additional registries, such as advanced directives. We are currently working through the legal aspects for an implementation strategy and once agreed upon, we will be ready to move on.

Health Care Claims Data Base:

DHIN continues working the Health Care Claims Data Base (HCBD). Statue regulations and sub-regulatory regulations have been completed. The sub-regulation is posted on our website at www.dhin.org.

The final regulation for the Data Collection was published on October 1, 2017; and will enable us to negotiate data sharing. In parallel, we are promulgating a Data Access Regulation which addresses the issues of the circumstances that the data will be released from the requester. The regulation was released for publication on November 15th and opened for public comments through January 16, 2018. We anticipate publication in the March/April timeframe; and it will be May/June before data is available for query.

Our Proof of Concept demonstrates how we can manage all data, both clinical and claims, on one data base and one platform. We are architecting in a way that no other state has done.

We are testing a small set of data on less than 1000 patients; taking files that are cleansed, transformed and ingest into our platform on our data base, while matching identity and clinical data. The next step will be demonstrating how we can display procedures, codes, dates, locations and elements in clinical application.

DHIN has been negotiating with the state for monetary support. We have been able to leverage tools we currently have; however, there will be extra costs for additional licensing and storage.

A HCCD Sub-Committee has been approved and established by the DHIN Board of Directors to finalize business terms.

DHIN will be hosting three Webinar's on practice transformation and roll out of technology and offerings: SIM Webinar #1: Provider Scorecard, eCQM and Payer Claims PoC Update is scheduled for April 12th at noon.

II. Public Comment:

None

Next Town Hall is scheduled for May 9th @ 11:00 a.m.