

**Delaware Health Information Network**  
**Town Hall**  
**Wednesday, August 9, 2017**  
**12:00 p.m. – 1:00 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**

Grants

DHIN has completed both grants that were awarded by ONC. We are proud of this milestone and were able to spend down the full amounts on both grants. Though we were unable to accomplish all projects, DHIN did make significant progress and ONC was pleased with our progress.

Interstate Exchange

DHIN successfully connected with all bordering states with the exception of Pennsylvania. Pennsylvania restricted exchange into the Community Health Record (CHR) but enable the data they send in support of the Event Notification System (ENS). Only providers subscribing to ENS will benefit from the data received by Pennsylvania.

DHIN currently has connection with southern New Jersey, Maryland, and District of Columbia and West Virginia.

Consumer Tools and Services

DHIN has stood up a Personal Health Record (PHR) and is intended to be used as a state wide patient portal. For practices/hospitals that already have a portal, we would like to have an API connection from their portal into our data repository. Patients will be able to receive all of the data with one log-in. Practices/hospitals that do not have one, we can provide one front end.

Randy Farmer and I recently met with our colleagues at Atlantic General, a Maryland hospital. Atlantic General feels that one of the most valuable projects is providing a single portal for patients/providers/hospitals.

Also through the grant, DHIN has stood up Health Check Alert; a consumer notification service that alerts the patient when new data hits our network or when someone has viewed their data in the DHIN network. In addition, we can also work with a payer to alert the consumer of any fraud detection and ability to recognize data as legitimate activity. If fraud is suspected, an alert will be sent to the fraud unit of the payer to investigate.

In addition, DMOST, a state wide registry for end of life orders has been stood up. The technical solution serves as back bone for additional registries; such as advanced directives.

Additional three services through the grant that DHIN will continue working on are the Event Notification System (ENS); exchange of care summaries at the conclusion of each encounter; and the use of our analytics platform.

#### Data Senders

DHIN continues on-boarding data senders; Limestone Open MRI, will go live towards the end of October. Two Telehealth providers, MDLIVE and American Well are sending ADTs. In addition, American Well will go live incorporating care summaries by the end of August; and American Well is currently in discovery with no firm date set for care summaries.

## **II. PLANNED Activities Update**

### FY18

The DHIN Board of Directors has that after several years working with Medicity, there will not be a contract extension. DHIN's technical refresh will be competitive procurement. DHIN will be evaluating our overall architecture ensuring we are less reliant on one vendor. DHIN is working towards an open architecture modular that would allow us to remove and/or replace without dismantling entire DHIN architecture.

For several years, DHIN has been working with our data senders to redirect their interfaces to our Mirth engine giving us the flow of data before reaching Medicity.

DHIN has also acquired Master Patient Index (MPI); an identity matching tool using IBM Initiate. All DHIN data is consolidated in a single repository in the Amazon GovCloud and all future vendors will be required to connect to our data.

In addition, DHIN has been working on an alternative to the Medicity Grid. A four month pilot using mirth results has enabled us to replicate all functionality that we currently rely on Medicity for. The contract has been executed with Mirth; we will be working with 242 practices and their EMR vendors to implement results which will take most of FY18.

DHIN is also working with five vendors to provide a portal to view data. Vendors will demo their ability to connect to our data using IBM Initiate. DHIN has reached out to five current vendors (already with a BAA in place). Participants in the selection process will include CCHS, Medical Society and Public Health.

Once we receive the written proposals, three vendors will be selected to join us for a live demo. Should no vendors adequately meet our requirements, we will then go out with a full RFP which will be a much longer process.

#### Healthcare Claims Data Base

At the last legislation session, the General Assembly authorized DHIN to stand up the Healthcare Data Base; we have promulgated a regulation for data collection. On the last day, DHIN received two comments from payers which we will respond to and promulgate for the final regulation to have published in September.

DHIN will also be working on a Data Access Regulation which addresses the issues of the circumstances that the data will be released from the requester. By the end of September we hope to have a final draft; once approved by DHIN's Board, the regulation will be submitted to the state in mid-November for public comment.

Save the Date: Along with Delaware Health and Social Services, Secretary Walker and DHIN will be co-sponsoring a Summit on October 18th to address Healthcare. Please save the date and join us, along with a panel of experts to discuss various issues and healthcare in Delaware.

**Next Town Hall is scheduled for September 13th @ 11:00 a.m.**