Delaware Health Information Network
Town Hall
Wednesday, July 11, 2018
11:00 p.m. – 12:00 p.m.

Conference Room
107 Wolf Creek Boulevard
Suite 2
Dover, DE 19901

<u>Meeting Minutes</u>

Purpose
To keep our public informed.

Agenda
What we are doing
What we will be doing
What should we be doing (public feedback)

I.   **<u>CURRENT Activities Update:</u>**
Closeout of fiscal year finishing key projects revenue and goal driven
DHINs Leadership Summit was held on June 14th at the Virden Center in Lewes, Delaware. The Summit was very well attended and we received great feedback from attendees. A huge thanks to both Randy Farmer and Stacey Schiller for all the work that went into planning a successful Summit.

DHIN has completed the conversion of all result delivery EMR interfaces from Medicity to Mirth. Our contract with Medicity ended on June 30th. The Grid, DHINs technical components, is no longer supported by Medicity and will gradually be decommissioned.

Currently, a total of 254 practices have fully converted and are receiving all results through Mirth. Unfortunately, by year end, 38 of the 290 practices were not fully converted. The cause was a mix of challenges from their EHR vendor not being engaged; or in some cases, the practices were not engaged or being responsive. Unfortunately, the smaller practices may not have the dedicated resources. DHIN will continue to work with these practices; however, at any moment, they are at risk of being cut off and losing interfaces.

DHIN is now in a post-production trouble shooting phase to ensure any production issues are cleaned up; In Phase 1, we wanted to ensure we did not lose anything we already had in place from Medicity. New data senders have been added; and not every EMR has updated their interface to accept results from data senders.

The closeout of Phase I will give us time to turn our attention to stakeholder projects with Beebe, CCHS, Bayhealth and AmeriHealth, all of which are unique and specific to them.

In Phase II, if the practice chooses, we will ensure all EMR interfaces to accept result types from all of our data senders.

Community Health Record
Last month, DHIN made the decision to switch vendors for the CHR. Audacious Inquiry (Ai), DHINs ENS vendor, has been selected to implement our new Community Health Record. The first sprint of work is scheduled to close out on Friday; work on the log-in page, unified landing page and patient demographics view of data is all part of the first sprint. At each sprint, we will have the opportunity to view the work that has been completed in the previous sprint.

DHIN plans to present a prototype of the CHR to the DHNs Board of Directors at the July meeting. In addition, we are working with vendors on value added ancillary services such as image viewing and medication history; both of which are added value additional services. Not every user subscribes to these service; however, for those who do, these services are accessed through the CHR to ensure a seamless integration into our platform.

DHIN has negotiated a 6-month contract extension with Medicity; the extension will include a reduced level of services and support to continue coverage of our current CHR while Ai is working on the new one.

Consumer Engagement Solution:
DHIN has been promoting a state-wide patient portal; direct mailers have been sent to 60,0000 households, and will be followed by another mailing in the next several months.

DHIN is also scoping out the requirements for Phase II of the patient portal, which will include the ability for the end user to print his/her immunization records from within Personal Health Record (PHR). Currently, the PHR is available to adults only due to the privacy and consent issues involving adolescents, which needed to be specifically addressed. Cost estimates from our vendor have been received and we are working our way towards the next steps.

DHIN has also executed a contract with Vynca for the implementation of Delaware Medical Orders for Scope of Treatment (DMOST). DHIN will be working with the Academy of Medicine on training plans for the end users and a roll out. We are anticipating a go-live date in the September/October time frame.

II.   Planned Activities Update:

DHIN continues partnering with the State on work supported by the SIM Grant. The Provider scorecard is an initiative under the SIM Grant. Payers have agreed to adopt a common set of clinical quality measures and utilization measures. Using SIM Grant funds, DHIN was asked to develop an interactive technology platform for the display of the scorecard results. Unfortunately, the adoption of the platform has not been high enough to justify the cost. We are in the process of terminating our contract with the vendor and decommissioning the platform. Although the scorecard will no longer be a DHIN project on the IMAT platform, there will continue to be a common scorecard. The Healthcare Commission is planning on shifting from provider/practice level reporting to aggregate state wide reporting with data they received from NCQA; and will include benchmark comparisons from other states.

There is ongoing discussion about what measures will be continued into the future and whether DHIN will have an ongoing role after we stand up the claims data base in producing a scorecard using different technology solutions and components

Healthcare Claims Data Base:
In 2016, General Assembly passed a statue authorizing DHIN to stand up Healthcare Claims Data Base; and unfortunately, they did not appropriate money. For the past several years, we have been working on the statue without spending money. We were able to receive funding through the SIMs Grant for a small technical proof of concept to demonstrate our current technology platform that supports the clinical data could also be expanded to incorporate the claims data and we would be able to use a common set of analytical tools to query both pools of data.

The proof of concept was successfully completed and now it is time to take to scale and implement the expansion of our platform. However, the state would need to provide funding. The SIMs Grant ends on July 31, 2019; we cannot make this self-sustaining in such a short period of time. There needs to be a time of capitalization to grow as a line of business to make it self-sustaining.

Late in the legislation session, two very important pieces were passed that will have direct impact on DHIN.

Senate Bill 236: An appropriation bill in which $2M will go into an OMB contingency fund for purposes of implementing a Claims Data Base within DHIN. OMB will use the funds to stand up the Claims Data Base under DHIN. One of the conditions to draw down the money is to have useable data sets by October 31, 2018.

In addition, Senate Bill 227, Primary Care Bill. The Primary Care Bill expands the mandatory reporting entities to any insurer providing coverage to a resident of Delaware. The bill will help support Medicaid MCOs, DMMA, State Group Health Plan, plans sold on the Market Place and Healthcare Commission.

DHIN has received executed data submission from seven reporting entities; receiving test data from six of them; and five years of data from CMS for Medicare claims. Not yet in our NXT platform, but in a safe place and locked away. The project kicks off tomorrow to formally include claims data, analytic tools, etc.

We have received a verbal approval of funding through the SIMs Grant, we are awaiting documentation.

III.   <u>**Comments:**</u>

None

Next Town Hall is scheduled for August 8, 2018 at 11:00 a.m.