

Delaware Health Information Network
Town Hall
Wednesday, August 8, 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: CCHS

DHIN has recently hired Dave McGurgan as a full-time employee assisting with DHIN's website and social media.

Medicity's grid has been decommissioned; a portion of Medicity's technology stack which is responsible for delivering results directly to the EMRs of subscribing practices. DHIN has been working throughout the year to transition practices off the Medicity interface and onto the Mirth Results interface which is directly managed by DHIN.

Our contract with Medicity ended on June 30, 2018. A total of fourteen practices did not make the transition by the end of the June; therefore, Medicity kept the grid up and running for an additional month and at the end of July, the Medicity grid was decommissioned. One of the fourteen practices is CCHS which is feeling the biggest impact. Unfortunately, CCHS testing was not completed before the grid was decommissioned. DHIN is working with resources from CCHS to accelerate testing and work to restore services to the impacted CCHS practices.

Our top priority is having all practices with an EMR interface restored as soon as possible. We have clinical inbox which is portal based that we can use as fall back method for practices to get their results; however, we rely on practices to maintain a current roster of providers affiliated with their practice. Unfortunately, as we started working with CCHS on these EMR integrations, we found 300 providers were not properly maintained and mapped to a clinical inbox. Practices can still look up their patients and results in the CHR. It is clearly not a

good work flow, but we are working with CCHS to get practices restored as quickly as possible.

There has been a series of high severity incidences since May 2018 and not all have the same root cause. We have contracted with a consultant to do an end-to-end review of our technology stack and help us evaluate any areas where we can be more efficient in our configuration, data base management and message handling. First pass is expected to be completed in one week and recommendations from the review will be implemented. There will be a second pass which will take a more systemic view of not just the technology, but the people/processes working the technology.

DHIN is in the process of implementing a new Community Health Record (CHR); the decision was made to discontinue our contract with our original vendor, MEDfx and we are moving forward with Audacious Inquiry. We have executed an extension with Medicity for our current CHR and plan to go live in late March 2019 with the new CHR.

Consumer Engagement Solutions

DHIN has been promoting our State-wide Patient Portal/Personal Health Record by sending direct mailers to a large portion of Delaware households; we will be following up with a second wave of mailers in the next few months.

DHIN was working with Public Health in scoping out requirements for end users to access their immunization records through the PHR. However, grant money has run out and we are not able to continue without funds.

DHIN continues working on the DMOST Registry, a set of medical orders addressing end of life care. We are implementing a state-wide registry enabling providers from any care setting to access the registry and appropriately act on the patients request. DHIN is working with the Academy of Medicine for training; the technical work continues as we anticipate going live in the October time frame.

Healthcare Claims Data Base:

In 2016, General Assembly passed a statue authorizing DHIN to stand up Healthcare Claims Data Base leveraging the technology that is already in place. 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 state has committed an additional \$2M to support the work and we are working with Medicaid for federal matching dollars.

We are working on the implementation of the Claims Data Base and have received executed data submission agreements from seven of the nine reporting entities. In addition, we are working on the final legal agreements with Medicaid and state agency MOAs to allow them access to the data once stood up.

The HCCD Committee will meet on August 23, 2018 to kick-off and finalize business rules for how the committee will operate, reviewing draft for request of accessing the data and data use agreements that potential users will need to sign. We continue working on technical, organizational and administrative details. Our goal and expectation is to have useable data sets by the end of October.

III. Comments:

None

Next Town Hall is scheduled for October 3, 2018 @ 11:00 a.m.