

**Delaware Health Information Network
Town Hall
Wednesday, May 13, 2015
11:00 a.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

Public Health

DHIN continues working on Syndromic Surveillance and Electronic Lab Reporting to Public Health. Bayhealth, Nanticoke and Nemours Hospital are currently in production with Electronic Lab Reporting. CCHS is currently in content testing; we are experiencing a few issues but moving along well. CCHS issues are being worked out and moving along as well.

Immunization Reporting

Currently 125 organizations are in production and sending their immunization data updates electronically to Public Health; they include 84 pharmacies, 3 hospitals and 39 practices.

There continues to be a long list of practices that are in the process of on-boarding; however, issues with their EHR vendors need to be addressed before proceeding.

Newborn Screening

DHIN also continues working with Public Health on Newborn Screening. However, until legislation is passed, we cannot store genetic data into the community health record. We continue working with St. Francis, Nemours, CCHS and Beebe all of whom are sending files electronically to Public Health. In addition, we are working on the interface with St. Francis and Nanticoke to have the combined reports, both hearing screening and metabolic testing, sent back to the birthing hospitals.

Delaware Center for Maternal and Fetal Medicine is also sending data into DHIN; but again, we cannot store the information until the issue of storing genetic data is approved through legislation.

CCDA (Consolidated Clinical Document Architecture)

DHIN continues working with practices to send CCDA's at the close of each encounter. Currently, there are six practices in production which are sending care summaries at the conclusion of each encounter. DHIN currently has over 20,000 care summaries in the repository and we are working with Medicity to begin pulling the data into the community health record.

Once we receive the signed BAAs from Amazing Charts and Athena we will be able to on board their practices. Once the agreements are signed the practices sending CCD's will become data senders.

DHIN continues conversations with Allscripts and are working through both technical and business questions. Once the ONC Grant awards are announced the additional funding will enable us to move faster with those who are prepared to work with DHIN.

Software Upgrade

DHIN continues working with Medicity on the software/data base conversion. We are currently in the testing environment and working to fix any issues. It is not yet confirmed, but if all goes well, we expect to be in production by September 2015.

Out of State Hospitals

Both Union Hospital and Atlantic General Hospital are in production as full data senders. DHIN has executed an agreement with Peninsula and we are updating privacy practices for patients before continuing onto next steps. Peninsula may be caught in the middle of a freeze with the software upgrade; however, we continue getting done as much as possible before the end of June.

There continues to be interest expressed in Pennsylvania which would be similar to our exchange with Maryland based on the state of residence of the patient. DHIN has provided contracts for execution and we are waiting to hear back. The data on Delaware patients seen in the Philadelphia area would add more value to the community health record.

Direct/secure messaging

DHIN continues working with Medicity on implementing a state wide Health Information Service Provider (HISP) for Direct Secure Messaging. The HISP will enable all Delaware practices/providers to communicate securely; and is being made available for those who do not have a direct address. In the next few months, we will stand up a directory, along with offering direct accounts to those who are in need.

State Innovation Model Testing Grant

DHIN is working with iMAT on the technical component of the Provider Scorecard. Payers have agreed on performance measures for a value based contract with the providers. The 19 common set of measures has been set by the Clinical Committee of Delaware Center for Innovation. Development work has been completed and we are working with the payers on refining the files to support feeding the data for the scorecard.

The Delaware Center for Health Innovation has enrolled 21 practices to include 125 providers for early testing; there is a good mix of both small and large practices to give us sample feedback that will refine the scorecard. We are half way through testing and need to ensure both the measures and the results make sense.

II. Planned Activities Update

ONC has announced a \$28M grant opportunity to advanced HIEs which are already successful, for enabling them to leverage their structure to move forward at a faster pace. The money for this new grant is from funds that were not drawn down from the original HIE Cooperative Grant. Between ten and twelve states, each with a track record of success, will be awarded \$1M to \$3M each. Awards will be announced by June 12th with a two year period of performance. The ONC Grant requires specific goals to be addressed. DHIN submitted a proposal to continue working on Care Summary, ENS and Adoption of Analytics. In addition, our proposal included a request to implement Direct Secure Messaging/CCDs for long term, post-acute and behavioral health facilities; and enabling consumers to access their health records through a personal health portal.

Public Comment

None

**The next Town Hall is scheduled for June 10th @ 11:00 a.m.
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