Delaware Health Information Network
Town Hall
Wednesday, October 14, 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

As you are aware, DHIN has been planning a major software/data base conversion for the last 18 months. Unfortunately, the upgrade has not gone well. We began testing and felt that we were ready and prepared to move forward. As time passed, we discovered issues with results delivery by all channels (EMR integration, CHR inbox, and auto-print); none of which were detected during the testing period. As of this time, problems with results delivery have been fixed; however, we continue to see significant degradation in performance for end users attempting to access the community health record and searching for results.

As mentioned in past meetings, this software upgrade/data base conversion involves re-indexing data which goes back eight years. We were not the first of Medicity's clients to take this upgrade, but were the first to experience a catastrophic impact.

The re-indexing of data occurs in three separate streams of activity:

1. New results hit the system and are indexed accordingly.

2. When an end user searches for a patient, all that patient's data must be converted in order to be displayed, and this is done "on demand" or "on the fly." Pulling/converting patients with eight years of data has created a drain on both the system and performance.

3. Data conversion occurs in the background one data stage at a time. Each data sending organization has a separate data stage where the data rests in a hosting

environment and each is converted one by one. This process was anticipated to take several months, but we did not anticipate the huge drain on performance it would cause – none of this showed up in our 18 months of testing.

The results delivery issues have been fixed, but we are still experiencing performance degradation. A patch will be going into effect within the next 24 hours; our expectation is that it will relieve the burden on performance issues and patient searches. However, the background conversion still needs to continue and performance will gradually get better as more of the data is converted. We are not completely out of the woods, but we do have a strategy. In parallel, we are evaluating additional options if the patch does not improve performance and we may consider a roll back to the old environment. The new community health record offered additional functionality and it will be a disappointment to give up things needed.

When the upgrade has been completed and the system is back to normal, we need answers; along with a vital message to our vendor for better automation tools to ensure that testing all possible configurations and points of failure before moving forward.

Q: How could such problems of this magnitude not be found in the 18 months of testing?
A: The performance problems are a result of load volume and depth of the data which were tools we did not have to simulate in our testing environment. In the future we will need to work with our vendor on a more robust testing environment. Also, thousands of combinations of codeset values and delivery preference configurations were involved, and it would be physically impossible to manually test each one. Each interface from each data sender was tested for each delivery channel, but after production, there were very subtle issues with very major consequences. (EX: two codeset value errors from single data sender ended up with results not being delivered). We tested other messages of the same type, through the same data sender and through all delivery channels, all were done correctly.

Public Health:
Both CCHS and Beebe have had issues with Syndromic Surveillance reporting due to problems with their EHR vendor, Cerner. Public Health is doing content testing based on the fix Cerner has implemented. Two more items require clarification and we do not anticipate deployment until November 11th.

Union Hospital has gone into cert testing for Syndromic Surveillance with Delaware's Public Health and has passed the technical reviews and is currently in content review with Public Health.

Immunization Reporting
Currently 184 organizations are in production and sending immunization updates electronically into the state registry: 62% of pharmacies; 67% of hospitals and 13% of practices.

Newborn Screening
Nanticoke continues experiencing issues with one of their early hearing detection machines and are working with vendors to determine the cause. In addition, due to resource constraints and the start of ICD10, their start will be delayed for at least one month. Public Health continues receiving early detection messages from all hospitals with the exception of Bayhealth which will also begin the process at a later date.

The second phase of the NBS project will be delivering a combined report of both early hearing detection and metabolic screening, storing the data, and making it available through the community health record to deliver to the ordering provider. We are working with Public Health to refine the details of the Project Statement for the second phase and identifying beta practices to work with us to proving out the ability to store data in the community health record and delivering to the ordering providers.

Out of State
DHIN is in the process of onboarding Peninsula Regional; however, due to resource constraints on their side the onboarding has been slower than expected. Peninsula has not been impacted by the upgrade and work has continued in the background. We expect to be in production by late November or early December.

ONC Grant
DHIN continues working with our ONC project officer. The operational plan has been approved and both the metrics and reporting methods are being refined and tweaked.

We are targeting through this grant four populations: Behavioral Health; Long Term Post-Acute Care (LTPAC); Consumers; and Ambulatory Providers/Eligible Healthcare Professionals:

Behavioral Health and LTPAC are professional groups that were not included in the statuary language behind Meaningful Use and were left out of funding opportunities to acquire health information technology. DHIN would like to bring both organizations into the digital community with hospitals and ambulatory practices; and at a minimum, introduce them to direct secure messaging (a form of secure messaging that ONC has adopted as a standard for secure message exchange in the healthcare setting). This will bring approximately 169 new

organizations into the community of health care professionals, giving them the ability to exchange clinical information.

For LTPAC, specifically nursing homes and home health agencies, DHIN is working to extract the data from the information feeds that they are already required to provide to Medicare. DHIN has a technology solution to extract data elements from those feeds and convert those feeds to documents that meet the standards for inclusion in the community health record. We will then be able to see care summaries from LTPAC settings in the community health record alongside the hospital discharges and lab results.

DHIN is working on a state wide patient portal that will allow patients access to their health data. There are three different scenarios that DHIN wants to accommodate:

1. DHIN does not want to interrupt the process for hospitals, practices and health plans that currently have a patient portal and whose patients are using it. However, DHIN does want to integrate on the back end so that additional information from other sources can be included in the portal. Patients will thus be able to go to one place to access all their health data from the practice, the hospitals EHR and DHIN. Not only will the practice with the portal get Meaningful Use "credit" for the patient viewing their data online, but all other providers and hospitals who have contributed data that DHIN integrates with the practice's portal will also get "credit" for THEIR data having been viewed online by the patient. Reporting can be provided back to each whose data was viewed.
2. For practices that have not set up a patient portal, DHIN can set up a portal and brand it for each practice. The patient will again be able to access all data held by DHIN for them, regardless of the number of different sources.
3. Patients that visit practices that are paper-based would still have data in the DHIN repository due to lab work, ER visits and hospitalization. A DHIN branded portal would be made available for those patients to access their health records from anyone that has contributed data.

The patient portal will ensure that every patient in the state of Delaware has the opportunity to gain electronic access to their data and ensure that every eligible professional has a tool to enable them to meet the requirements for Meaningful Use. In addition, Secretary Landgraf has been working for several months with leading consumers and consumer representatives on various aspects of the State Health Innovation Plan. Secretary Landgraf has asked that I present and explain to the Consumer Advisory Committee of DCHI the work we are proposing to undertake through this grant. We will be very interested in getting feedback, input and thoughts on what would make this a valuable and useful service to the citizens of Delaware.

DHIN is also beginning to look at vendors and has been working on background research and reference checks with states that have already stood up or are in the process of standing up a state wide patient portal to learn from their experience ensuring the right vendor is chosen. We are at least one more quarter away from making a final selection.

There are three major services we will offer to ambulatory providers and eligible healthcare professionals:

1. Event Notification Service (ENS) will allow us to take information we have received from hospitals in real-time and provide notification to the provider that one of their patients has been discharged from the hospital/emergency room department. This will allow providers to proactively reach out to his/her patients and ensure they are scheduled for out-patient follow up and understand their care and medication/treatment plan for good care coordination.
2. CCD Exchange, a standard promoted by ONC to get the ambulatory community to start feeding care summaries into DHIN adding value to the community health record, widening the continuum of care across which data is available. This will also assist eligible professionals in meeting Meaningful Use requirements.
3. Analytics Service, one form of which is the common provider scorecard. The state of Delaware received a separate grant to work with the care delivery and payment to accelerate the move toward value based payment rather than volume based payment. In order to be successful, there are a number of technology tools that are essential foundation elements such as the common provider scorecard. All major health plans and payers have agreed that a significant portion of their value based contracts with providers will be based on the measures included in the common provider scorecard. We have been working on a pilot in the first version with twenty-one practices; payers provide numerators and denominators on the measures based on their claims data. We are very close to the second quarterly release of Version 1 and expect a few modest enhancements included in that release which will include attribution of patients to a specific provider and to specific measures. Work still needs to be done with the payers before bringing attribution data into the provider scorecard. The next quarterly release of the score card will include attribution data, clinical quality measures and comparison against rest of state as an average.

DHIN is looking to roll out Version 2 of the scorecard to the initial pilot group in February 2016. Version 2 will include new measures in addition to setting goals/ thresholds for each measure. Pilot group will assist in refining the goals in the first quarter of FY16; by May 2016 we should be able to roll out across the state. As we get data from the ambulatory setting directly from clinical practices, we believe the clinic quality measures should be based on clinical data sources and not administrative data sources. The sooner we can switch calculating these

clinical quality measures off of the data which the practices submit from their EHR, the sooner we will be able to make the transition to much more robust reporting framework. We are working closely with the Delaware Center for Health Innovation and different committees on implementing the measures that have been selected for the scorecard. DHINs work is the technology piece; the actual measures are being selected in collaboration with the clinical community and the payer community with the purpose to select measures that are relevant for Delaware and will propel us toward the Triple Aim of improving health, improving the patient experience of care, and reducing health care costs.

II. PLANNED Activities Update

As part of the grant requirement to submit a state health IT plan by December, DHIN is working with state leadership and representatives of the Center for Health Innovation on a state wide health IT plan.

Meaningful Use

CMS has released a final rule which covers both Meaningful Use Stage 3 and also makes changes to the current Meaningful Use Stages from now through 2017. Simultaneously, ONC released the final rule on the 2015 addition of certification standards. DHIN is in the process of carefully evaluating the impact of these two final rules for both DHIN and its stakeholders. We are committed to providing certified tools that our end users and data senders can rely on for both day-to-day business and to meet the requirements on the federal side that require certified technology. Meaningful Use Stage 3 emphasizes health information exchange more than ever before. More than sixty percent of the measures for Stage 3 require interoperability and exchange of data. We believe that Stage 3 will make DHIN even more relevant to end users; and are very pleased to have the opportunity to underwrite expenses through the ONC Grant that will enable us to implement new tools.

III. Public Comment

No public comment

The next Town Hall is scheduled for November 11th @ 11:00 a.m.
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