

**Delaware Health Information Network**  
**Town Hall**  
**Wednesday, April 13, 2016**  
**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**

**Upgrade**

DHIN continues working on issues with the software/data base conversion. We have been struggling with issues from the upgrade, including performance issues since September 2015. Medicity has recently incorporated hardware upgrades in their hosting and data center which has given us modest performance on the speed of loading a patient chart. Even more significant is the dramatic range between the slowest and fastest chart load. We continue to work on the issues; each step will move us closer to where we need to be.

Last month we discussed the software patch which was intended to address performance issues. Testing did not go well with the patch initially, so DHIN was not ready to accept the patch into production. However, we have recently retested the patch and are encouraged that we may be able to move forward with the patch this weekend which should show an improvement in performance for the end users. We are cautious in moving forward because we don't want to inadvertently introduce any additional issues in production.

Before introducing any other changes to production, DHIN will do a two week freeze to ensure that there are no unintended consequences that we may not have seen in testing. A number of projects that were ready to move into production will be delayed until after the stabilization window has been completed. One project is bringing CNMRI into production as our newest radiology data sender. We have also been working on moving CCDS that are currently in our document repository into the

community health record; ensuring that they are searchable and viewable along with any other result/report types.

Medicity's senior leaders were on site March 23<sup>rd</sup> and 24<sup>th</sup> to discuss the issues that have occurred over the course of the upgrade and outline expectations moving forward. It was a very frank discussion; several data senders participated in providing their point of view as key stakeholders and what the implications the upgrade has had on their organizations.

### **Public Health**

With the exception of St. Francis and Bayhealth, all Delaware hospitals are now in production using the current HL7 standards. St. Francis and Bayhealth are in the process of changing EHR vendors and once completed will be sending their data into Public Health. In addition, Atlantic General is also sending Syndromic surveillance data to Public Health.

### **Immunization**

DHIN currently has eight-seven practices in production which represents 18% of all organizations across the state sending immunizations updates electronically into the state registry. (73% pharmacies and 67% hospitals)

### **Newborn Screening**

NBS is the combination of the early hearing detection and metabolic screening for testing of genetic conditions into a single report. The goal is to electronically deliver the NBS results to both the birthing hospitals and ordering providers.. Work paused for a period of time; and at the last legislative session, a statute was passed specifically addressing storage and access of NBS information along with a separate statute addressing genetic information, more broadly acknowledging storage in the EMR.

We are now waiting on direction from Public Health on how to operationalize legislative issues for sending and storing the data through an HIE. Once we receive guidance, we will move forward. Four of our six hospitals are sending early hearing detection screenings to Public Health electronically.

## **II. Planned Activities Update**

### **Grants**

Delaware is engaged in an effort to transform our health system, with the goal of improving the health of Delawareans, improving the patient experience of care, and reducing health care costs – the Triple Aim. Two of the major activities we continue working on are the ONC Grant that DHIN has received; and DHIN's role in the State Health Innovation Plan which went to the Delaware Health Care Commission. Though they are two different grants and recipients, both support the State Health Innovation Plan.

DHINs grant is in the amount of \$2.75M over a two year period and will allow us to advance shared technical components of the State Health Innovation Plan.

Behavioral Health and Long Term Post-Acute Communities: DHIN is working to establish both communities with Direct Secure Messaging; the ability to securely communicate protected health information from point to point. We currently have both signed agreements/verbal commitments from several organizations. In addition, we will also be standing up a state-wide provider directory for new users to find exchange partners in sending and receiving secure messages.

Also funded through the SIM grant is subsidizing Behavioral Health organizations in acquiring EHRs.

DHIN is also offering LTPAC a transform tool which will allow data that has already been submitted to CMS to be generated into a care summary document in standard CCDA format. The transform tool will allow LTPAC organizations the opportunity to populate the DHIN document repository and ultimately, the DHIN Community Health Record.

Consumers: DHINs goal is to stand up a state-wide patient portal that will give patients the ability to access their health data from one log-in.

1. For organizations that currently have a patient portal, patients will be able to access all of their data from one place. Reporting will be provided back to the provider stating which patients have performed a search and the provider will receive credit for the patient portal search under the Meaningful Use Program.
2. For practices that do not have a portal, grant funding will be used to help set up a portal and brand it for each practice. Again, it will provide the patient with access to data sent by ALL data senders with a single login.
3. Patients visiting paper based practices still have data in the DHIN repository. A DHIN branded portal would be made available for those patients to access their health records from anyone that has contributed data.

DHIN is currently refining the RFP and anticipate circulation to key stakeholders in the near future.

Eligible Professionals:

1. Event Notification System: Expand the number of practices that subscribe to ENS allowing real time notifications back to the primary provider when their patient has a transition in care. As we get data from the LTPACs, we will be able to add notifications when patients have been admitted/discharged, which can provide a full view of the continuum of care for the assigned healthcare provider.

ENS includes forty-six Maryland hospitals and will soon include all D.C. hospitals. Over 300 providers are actively receiving notifications on a daily basis.

2. CCD Exchange: Send an automated CCD at the conclusion of each ambulatory encounter into the community health record. Currently, 134 eligible professionals are actively sending care summaries and over 200 more have signed agreements and DHIN is in the process of working with their EHR vendors to get them implemented.

DHIN continues working with Medicity to allow CCDAs to be visible in the community health record using IHE.XDS.b query and retrieve profile. We currently have approximately 140,000 in the document repository.

3. Analytic Capabilities: Payers agree on a common set of clinical quality measures And base their value based contracts (with the provider) on the performance against a common set of clinical quality measures that will be used across the state by all providers.

One of the aspects of the State Innovation Plan will be for DHIN to provide a platform for shared technology services that will reduce the cost of entry for smaller practices and allow them to remain independent. The common provider scorecard will provide expanded analytics capabilities to practices as we get CCDs.

The scorecard displays protected health information and Version 1 was released in 2015 to a small number of pilot practices. Both legal agreements and attribution data have been included.

We are now working on scheduling and contracting for Version 2 with the original twenty-one pilot practices; the intent is to have quarterly releases and the first will go out mid-May; roll out to the state will be mid-September 2016; with each release adding more functionality.

### **Strategic Planning:**

DHIN has contracted with Gartner Consulting to facilitate our five year strategic planning session. We have reached out to solicit input from our stakeholders as part of the planning process. DHIN will be working with Gartner over the next several months and our intent is to go into FY17 with a new five year Strategic Plan that will guide our efforts going forward.

DHIN would like the input of all stakeholders. We are here to serve the healthcare ecosystem of Delaware; we exist to serve you and it is important to hear your thoughts on what DHIN should and could be. Please feel free to contact our office @ 302-678-0220 or by email [info@dhin.org](mailto:info@dhin.org).

**II. Comments:**

**C:** Lori Ann Rhoads (Medical Society of Delaware): Thank you for the informative meeting. Great job!

**The next Town Hall is scheduled for May 11 @ 11:00 a.m.**

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