Delaware Health Information Network
Town Hall
Wednesday, April 26, 2017
12:00 p.m. – 1:00 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>

<u>Public Health</u>
DHIN continues working with Public Health (DPH) in sharing immunization reporting through DHIN's web service.

St. Francis Healthcare has completed its EMR conversion from Meditech to Cerner Compass. Among the challenges is connecting Cerner to DPH for syndromic surveillance reporting, currently a manual process.

DPH and Ambulatory facilities continue to work on immunization reporting and query functionality. The pace of new ambulatory practices signing up has slowed, and approximately one-third of eligible practices are submitting electronically.

<u>Newborn Screening</u>
DHIN continues working with Public Health on Newborn Screening which has two components. Phase I entailed hospitals/birthing centers to send the early hearing testing electronically to Public Health. Phase II is the combination of the early hearing detection and metabolic screening for testing of genetic conditions. The combined hearing and metabolic test results will be made available electronically to both the birthing hospital and pediatrician. DHIN is ready to go into production; however, there is a delay due to the statue authorizing the collection and storage of genetic data being stored electronically. Public Health is creating a form to provide informed consent to the while parent allowing the opportunity to opt out.

One more hospital needs to be trained on refusals, etc., and then 2-4 weeks of testing by DPH will begin.

Data Senders

DHIN has kicked off the project with Ambient Medical Care, a walk-in-clinic in Sussex County. They are currently sending both ADTs and CCDs, with ADTs going into ENS and CCDs being queried and retrieved.

DHIN updates its data sender feeds monthly, with the next update scheduled for June.

DHIN has also executed an agreement with Natera, a genetic testing lab and we are in the process of framing out the project plan. Expect a late summer go-live.

DHIN has moved Medical Diagnostic Laboratories into production; bringing DHIN lab data from a five state region to include Delaware, New Jersey, Pennsylvania, New York and Maryland.

In addition, we have also signed an agreement with MDLIVE who will be sending ADTs and care summaries of Telehealth encounters into the community health record; giving DHIN the ability to alert subscribers that one of their patients has had an encounter. This project has kicked off, with a July production date.

Finally, DHIN will kick off onboarding Limestone Open MRI next week, anticipating a 9-16 week process.

II.   PLANNED Activities Update

Grants

Interstate Exchange

Under the supplemental grant that DHIN received, we are focusing on increasing the volume of interstate exchange of ADT data. ADTs drive our ability to provide Event Notification enabling DHIN to notify a health plan/provider who subscribes that a patient has had an encounter representing a transition of care.

Most recently, DHIN has kicked off a project with NJ SHINE, Southern New Jersey's HIE. 19 of 26 data sources are set up, with 15 ready for ENS.

CRISP is also contracted with West Virginia to provide the infrastructure for their HIE. DHIN has executed a similar agreement with West Virginia for Delaware residents seen in a West Virginia hospital/emergency room and vice versa. This project kicked off earlier this week and is expected to move quickly. Among the data sources will be an Ohio hospital, pending legal permission. (As an aside, the wisdom of incorporating data from healthcare facilities nationwide was proven by a review of ADTs from Christiana Care. Over a period of six weeks last summer, patients from 25 states were admitted, discharged or transferred from Christiana Care facilities.)

DHIN has also executed an agreement with Health Share Exchange (HSX), the HIE which covers the five counties of southeastern Pennsylvania. While we had hoped for sharing of full HSX membership, only six sources will be included (not CHOP, Jefferson nor UPenn) and only emergency room visits will be shared with providers with a record of active clinical relationship with the patient; no inpatient admissions. The information can only be used for ENS and cannot be stored in the CHR. Based on the traffic across both state borders, DHIN

still believes this will be valuable additional source of data, and the two organizations have committed to share provider directories, which should expand DHIN's directory for Direct users.

In addition, we are in negotiations with Utah and Florida to increase the volume of ADTs across state lines, although not before the grant period ends. Utah also has a relationship with Colorado and Arizona which will add valuable data.

Conversations with Missouri continue, particularly around ADT exchange with the state's Medicaid population.

Other grant work includes several target populations that were left out of the EHR Incentive Program. Our initial goal was to bring Long Term Post-Acute Communities and Behavioral Health organizations into the digital ecosystem by submitting care summaries and sharing data through the CHR or via Direct email. Along with other grantees, we have found this much more challenging than anticipated.

ONC has approved a scope change for the grant allowing us to lower our targets for the number of LTPAC that we expected to sign up for Direct Secure Messaging and CCD exchange. DHIN will continue to reach out to both organizations, which is a metric that ONC will be evaluating.

We have also set new targets to expand enrollment of home health agencies.
DHIN currently has all skilled nursing facilities as users of the community health record and 83% of home health agencies.

In addition, we want to expand the chart views by the LTPAC community, engage them in a meaningful way and make progress moving forward.

DHIN has executed an agreement with Genesis for their six nursing homes to send us CCDs. Transitions to the post-acute setting are very important to the ACOs; they want to know when one of their members has encountered a transition of care. Data from Genesis and other nursing homes enables DHIN to use the data to fuel the Event Notification System.

DHIN has also been working on a Provider Directory to enhance Direct Secure Messaging; giving providers an address to communicate. Phase 1 was a basic spread sheet; and Phase 2 is web-based and available now. DHIN is currently working on Phase 3 which will raise our standards to meet the proposed Meaningful Use Stage 3 Objectives to make the Provider Directory queryable.

<u>Consumers</u>
We have begun an advertising campaign educating consumers about DHIN. Our first informational ad was viewed during the Super Bowl Pre-Game in northern Delaware and during the Super Bowl in Sussex County and will continue to run on Comcast Channels. Additional ads will include billboards, print, digital and radio spots all of which will be grant funded. We're pleased to share that we've heard nothing but positive feedback from our campaign.

DHIN has launched a testing of our PHR to *Family and Friends*. Once testing is completed, we will be launching statewide to consumers. Anyone interested in participating should reach out to Lynn.Misener@dhin.org.

For hospitals and practices that have a portal, DHIN is offering the ability do a data call from their portal into our data repository through an API interface.

For practices that have not stood up a patient portal, DHIN offers the option of a multi-tenant branded front end that can be positioned as the portal of a given practice.

The PHR was intended to be a tool that, via a single sign-on, a patient could access all of his/her available data. Regardless of which version a practice chooses, DHIN will drive patients to talk to their physicians first about portal options.

Another consumer facing tool that we are working on is Health Check Alert which is a companion to the patient portal. Health Check Alert is both an Event Notification Service for consumers and fraud detection for payers. Based on the ADTs and clinical data we receive, DHIN will provide a text message to the patient that a lab result was received or that someone has accessed their information in the community health record. In addition, a feature will also be added that if the patient did not have lab work completed, a message will be sent to the payer notifying them of a possible fraudulent claim and the payer will be able to investigate before the claim hits their system.

DHIN has an agreement to pilot Health Check Alert with the Medicaid population in Delaware. We are also in active discussions with Missouri Medicaid and commercial payers are up next, along with the general public.

DHIN is working with the Delaware Academy of Medicine in leading the implementation of DMOST (Delaware Medical Orders for Scope of Treatment), which translates a patient's end of life wishes that can be accessed through the community health record. DHIN has selected BYNCA as the vendor to develop the link from the CHR to the registry, as the organization is already working on similar projects in California, Oregon, Maryland and Pennsylvania.

DHIN is also working on three major initiatives for the Eligible Professionals and Ambulatory Providers:

1. Event Notification System (ENS): To provide notification to the provider when one of their patients has been seen in a hospital/walk-in clinic/emergency room.

2. Increasing the exchange of care summaries at the conclusion of each encounter. DHIN currently has 105 practices (13%) sending care summaries into the community health record; totaling 1M.

3. Analytics Platform: Phase 1 was the common provider scorecard which was developed and funded under the SIMs Grant with the Delaware Health Care Commission. The Provider Scorecard has been in place for two years; we were about to complete Release 4 of Version 2 and the Health Care Commission requested that we delay the release due to the timing and approval from CMMI. However, the operational plan has now been approved; grant funds are unrestricted and we are ready to move forward.

   DHIN is also moving towards deeper analytic capabilities. We are working with a vendor on issues with data quality as we want to ensure that the reports are meaningful and actionable. We're pleased to share that all DHIN historical data – ten years' worth – is now stored both in our archives and moving to a trusted third party.

We have begun work on the Healthcare Claims Data Base; DHIN has contracted with Freedman Consulting to assist in writing the RFP for vendor selection, developing a staffing plan and skill set to support the Claims Data Base going forward. Freedman has also assisted with drafting the required state regulation. The reg is with the DHIN board for review; it will be submitted May 15th for inclusion in the register on June 1st for public comment. If all proceeds as planned, next January, we'll begin to collect data, including historical data.

FY17

HITRUST Certification

DHIN has been working on the application process for HITRUST certification; however, midstream HITRUST came out with a new version of requirements that we need to follow. These additional requirements have kept us moving fast as we stay on track. We submitted the required documentation for review on March 31st and received positive – although unofficial – feedback, including the news that DHIN is the first HIE to pursue this certification. We expect final notification in mid-late June.

Staff
DHIN will be hiring four additional staff members, the most recent being integration analyst Sam Adarsh, who starts May 1st.

The DHIN staff has gone through the ITIL Foundation Certification class. We are currently mapping out the additional levels of training of the ITIL Framework for best practices.

Technology
DHIN is making good progress on the technology refresh ensuring we are lean, modular and responsive. This refresh will be a major priority in FY 18, as we work to incorporate single sign-on from the CHR to DPH and DMOST. We expect to have tech readiness by the end of July, with ongoing training in the healthcare community.

FY 18 priorities:
- Tech refresh
- HCCD
- ITIL Training

III. **Comments**

None.

Next Town Hall is scheduled for June 14th @ 11:00 a.m.
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