Delaware Health Information Network
Town Hall
Wednesday, August 10, 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

Two of our member hospitals have been undergoing a conversion which impacted all interfaces into DHIN and results delivery out of DHIN. Bayhealth has completed their conversion to Epic; and Syndromic Surveillance and Electronic Lab Reporting to Public Health can now move forward. Congratulations to Bayhealth for all their hard work.

In addition, St. Francis is in the process of a conversion to Cerner. However, they will be taking a break and are looking at calendar year FY17. As with Bayhealth, this will impact all interfaces from St. Francis into DHIN and all result deliveries out of DHIN, as well as Public Health reporting, including NBS.

Public Health
DHIN continues working with Public Health on Immunization Reporting, Syndromic Surveillance, Electronic Lab Reporting and Newborn Screening.

Progress with Immunization Reporting has not been monumental; however, every new practice is a victory since they need to be on-boarded one at a time. Currently 148 practices are successfully submitting their immunization reporting to Public Health using the DHIN web service, which is 31% of all practices enrolled in DHIN using an EHR.

Once Bayhealth is on board, we will have five of the six hospitals successfully reporting Electronic Labs and Syndromic Surveillance.

Newborn Screening

NBS is the combination of the early hearing detection and metabolic screening for testing of genetic conditions; combining both into a single report and delivering electronically to both the birthing hospitals and ordering providers; in addition to being stored in the CHR, available for query for those with proper permissions. The hearing portion has been completed with several hospitals. Bayhealth will begin now that their upgrade has been completed and St. Francis, currently on hold, will follow once they have completed their upgrade.

We are now working with Public Health and their vendor with the technical issues associated with censoring the messages based on parental consent to store in the CHR and to be delivered electronically.

Data Senders

DHIN has recently on-boarded Newark Emergency Care, our sixth walk-in/urgent care facility. Part of why DHIN exists is to ensure that there are no drops of communication as patients cross geographic hospitals. The expansion of urgent care facilities is both cost saving and convenient; however, the fragmentation of information is a concern.

Not only is the information in the CHR accessible to anyone who sees this patient but also feeds into the Event Notification System which is driven by ADTs. A patient's providers will be notified that their patient was seen in an emergency room and can then ensure they follow up with the patient.

In addition, DHIN has on-boarded Delaware Center for Maternal and Fetal Medicine as a data sender. DCMFM would like to use DHIN as a delivery channel for pregnant women who are referred to for prenatal/genetic testing. Legal issues regarding special privacy rules surrounding genetic testing arose and a new statute was written to cover storage in the CHR/State HIE.

Grant

DHIN continues working with special constituent groups who were not eligible for EHR incentive funding. One of the primary focus areas of the grant was to work with providers who were not eligible for the incentive funding and get them into the digital community. The three target groups are Long Term Post-Acute Community, Behavioral Health Community and Consumers.

Since most of the Behavioral Health organizations in the state do not have an EHR, DHIN is currently working with these organizations to implement Direct Secure Messaging, the ability to securely exchange information with a patients primary provider or other members of their clinical care team. Focusing on Behavioral Health organizations is also a major focus in the State Innovation Plan to assist the providers in selecting and implementing an EHR.

Under DHINs grant, our role is to subsidize these providers in receiving a Direct Secure Messaging account. For both Behavioral Health and Long Term Post-Acute Communities, query into the CHR has increased since working on the grant; they are using the CHR and seeing value in doing so. However, it has been a slower process in having them contribute data into the CHR.

DHIN is also working with the Long Term Post-Acute Care Community to implement the KeyHIE Transform Tool; the ability to take data that is already being electronically submitted to CMS and extract critical data elements to generate a care summary in the standard CCDA format; allowing DHIN to incorporate the data into the community health record for access by other healthcare professionals. In addition, an ADT will accompany each of the LTPAC CCD files. A few LTPAC organizations have implemented the tool and are actively sending care summaries.

While the transform tool addresses some of the information needs of the healthcare ecosystem, leadership from Post-Acute Council has been insistent that it may help everyone else, but it is not at the level it should be for their organizations. There is additional information that is required by the state Inter-Agency Transfer Form which is not captured from the KeyHIE Transform Tool. DHIN has had a request to come up with solution that would fill the gap using another technology solution.

In addition, a condition of our grant is that we participate in communities of practice so that ONC can generalize the learning that is coming out of the grant performance. All grantees across the country who are working with the LTPAC community are participating in this community of practice and having the same problems as we are.

Consumers: Part of our grant involves a consumer engagement tool; DHIN has issued an RFP for a state wide patient portal/personal health record. The deadline for receiving proposals is August 11, 2016; we hope to make a product/vendor selection by early September and anticipate kickoff by the end of September. We are happy to announce that three of our participating hospitals, Christiana, Nemours and Beebe have contributed members to the RFP Evaluation Committee and are joining us for the selection of proposals.

A major factor in implementation is the cost structure, business model and a clear path to sustainability beyond the grant.

Eligible Professionals: Three major activities that we are working on with eligible professionals:

1. Accelerating the adoption of Event Notification Service
2. Implementing care summary exchange
3. Adoption of our analytics platform

CCD Exchange: We are happy to report that we currently have six EHRs across eighty-two practices that are live and sending care summaries; Amazing Charts, Athena, STI, Cerner, Greenway and Allscripts . We are working through post deployment issue with Allscripts.

As we turn to analytics, it is valuable to have CCDS in our analytic environment which will allow us to create queries sourced by the clinical data sent to us by the providers. Our end goal is to reach a state of truth that everyone agrees on and the measures being reported and action can be taken accordingly.

Common Provider Scorecard

In May 2016, we released Version 2, quarterly Release 1 of the Provider Scorecard and we are currently working on Release 2. There will be new functionality in September with Release 2 and will include goal setting in which each payer will have their own contract with each provider based on various items.

The goals that each payer has for each provider may be different; however, the goal setting will show by provider and by payer what the target is for performance on each clinical quality measure. The new functionality will display the state average and how, as a provider, you compare with peers across the state. In addition, we are looking at offering statewide reporting that will go to the Delaware Centers for Health Innovation which will be aggregated reporting and will not include personal health information.

The September release will go beyond the initial pilot practices and will be open for enrollment across the state. Through the end of August, providers can enroll using a web-form in the provider scorecard. Once enrollment closes, we will take the enrollment files and we will know how many new providers will be receiving reports.

Additional functionality for the Common Provider Scorecard will be added in November.

II. Planned Activities Update

The platform that we selected for the Scorecard is the IMAT Analytics Platform. Late in FY16, the General Assembly passed SB238 which establishes a Health Care Claims Data Base to be administered and operated within the existing framework of DHIN. We are working on preliminaries that go into standing up a Health Claims Data Base; regulations will need to be written and governance rules developed, along with data sharing agreements which will need to be negotiated with payers. There is much work to be done before we begin exchanging data and making it available for analytics.

In addition, we are working to get Medicare and Medicaid data, state employee data and the Marketplace data; a large volume of claims in Delaware giving us very valuable information.

New Grant Opportunity

ONC recently announced a new grant with a very short timeline. DHIN is currently working on the proposal for submission which is only being offered to the twelve HIEs that already have a grant under ONC; a total of four grants will be awarded and the announcement is expected in mid-September. The grant proposal is due to ONC by midnight on August 11th.

The purpose of this grant is to expand the exchange of ADT files and the notification that is driven by ADTs. Event Notification Service is the ability to proactively notify a provider when one of their patients has had a transition in care, ensuring the follow-up occurs quickly. The ADTs received from hospitals, emergency room departments and walk-in/urgent care facilities is the fuel behind ADTs.

Delaware is fortunate that our neighboring state, Maryland also has a very mature and robust state-wide HIE. Based on the state residence of the patient, Delaware receives ADTs from all Maryland hospitals and Maryland receives ADTs from Delaware Hospitals enabling both states using the pool of data to fuel our ENS. Just over 12% of all our notifications are driven by events that have occurred in Maryland.

However, our biggest population is in New Castle Count,y which borders the Pennsylvania line. We have approached Health Share Exchange (HSX), the HIE for the five counties of Southeastern Pennsylvania, in hopes they would commit to this grant opportunity; we have received a firm commitment from HSX and they are ready to work with us to exchange ADTs between the five counties of Southeastern Pennsylvania and Delaware.

In addition to interstate exchange, they are also focusing on trust legal policy consent agreements across state jurisdictions. Maryland and Delaware both use an OPT out model; a patient is in the exchange unless he/she explicity requests to opt out. If an OPT out state wants to exchange with an OPT in state, consent models need to be worked through.

Under this grant, ONC is looking for working through a trust and legal framework that can be scalable nationwide. Architecture and standardization of the ADT messages that would allow for exchange nationwide that would fuel Event Notification, clinical quality measure reporting and provider directory for Direct Secure Messaging that crosses state borders.

In addition, there will always be technology costs and we need to address ways to make the exchange affordable across the country. Once announced, the period of performance will be ten months.

HITRUST

DHIN has continued working towards the HITRUST security certification and will continue through the year.

Strategic Plan

DHIN has also completed our five year strategic planning work with Gartner Consulting which was presented to our Board of Directors at the July meeting. Before final approval of the plan and the FY17 Budget, we will revisit in a deeper dive at the October meeting. Once the plan has been approved, we will make available.

II. Comments:

Q: Kathy Westhafer, CCHS: Would you be able to clarify which states are involved in the grant?

A: Arkansas Office of Health Information Technology, California Emergency Medical Services Authority, Colorado Department of Health Care Policy and Financing, Illinois Health Information Exchange Authority, Nebraska Department of Administrative Services, New Hampshire Health Information Organization Corporation, New Jersey Innovation Institute, Oregon Health Authority, Rhode Island Quality Institute, South Carolina Health Information Partners, Inc., Utah Health Information Network and DHIN.

The next Town Hall is scheduled for September 8, 2016 @ 11:00 a.m.

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