

# DHIN: Leading Through Innovation

Delaware Health Information Network  
Annual Report 2014





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# Letter from Management

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Fiscal Year 2014 was another banner year for the Delaware Health Information Network (DHIN). Amid all of our successes, I am most grateful that DHIN is both fulfilling its statutory mission and is a model and national leader for financial sustainability of HIEs. DHIN has received no capital funding from the State since FY 2012. January of 2014 ended our period of performance under the HIE Cooperative Agreement, regulated by the Office of the National Coordinator for Health Information Technology. DHIN fully expended this \$4.7 million grant, and it used grant funding to grow both in breadth and depth of services offered. It also used the grant to expand adoption and participation in the network. As of this fiscal year, DHIN's operational expenses are fully covered by operational revenue. We celebrate this major milestone with gratitude for past support and eagerness to continue leading the nation in innovation.



*Dr. Jan Lee, CEO of DHIN*

In this report you will see the continued growth in adoption of our core services both in terms of number of new users and increased frequency of use. We are very pleased to note that State agencies are regular and heavy users of the DHIN network. As of the fourth quarter of Calendar Year 2013, DHIN ranked number six in the nation among statewide HIEs in raw volume of data exchanged with a public health agency. The relevance of our services is indicated by outcomes in healthcare cost savings and improving patient health.

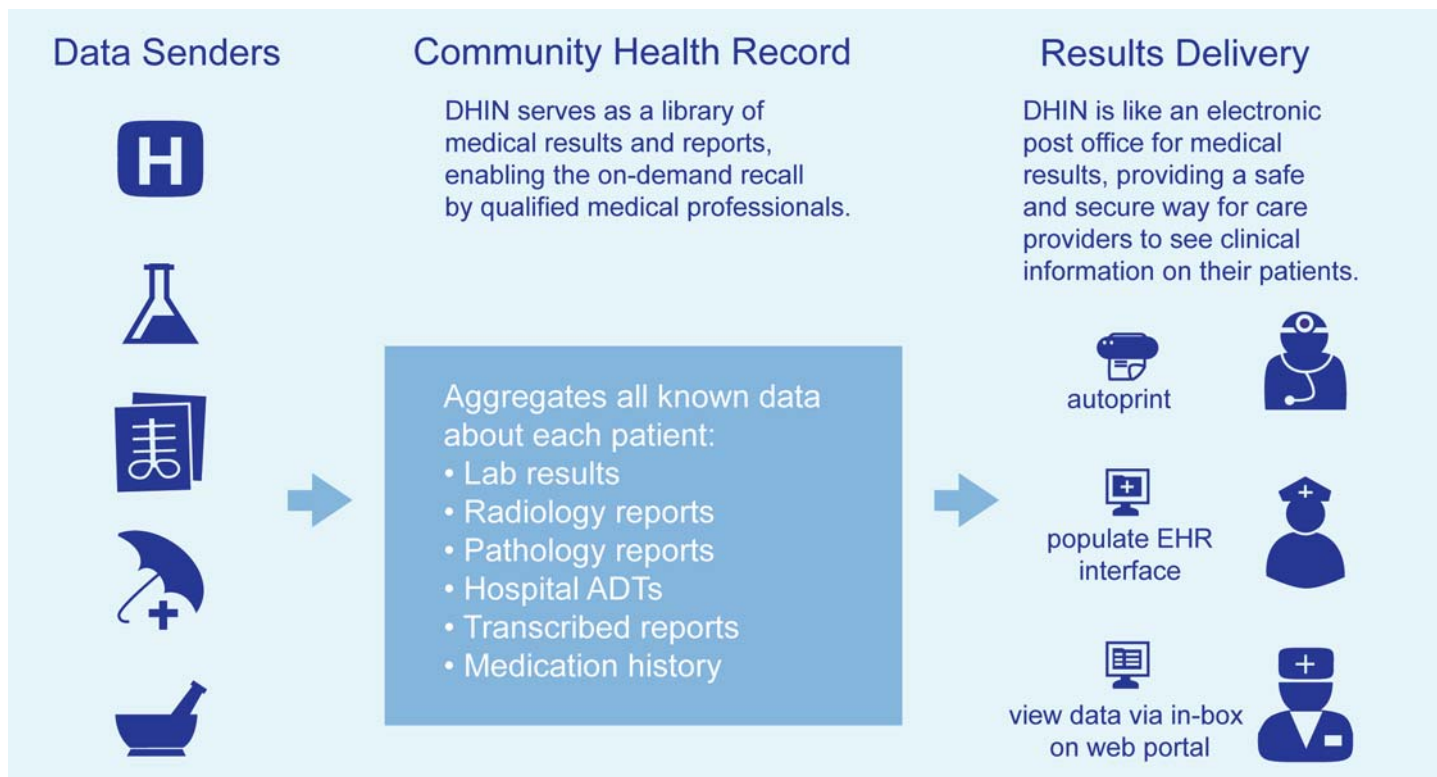
DHIN has become not only a fully sustaining HIE (Stage 6 on the eHealth Initiative HIE Maturity Model), but in FY 2014 forged ahead to Stage 7, the stage of innovating to provide value-add services. DHIN continues our national leadership position as one of a very small number of public HIEs who have reached Stage 7. In this report we highlight areas where we have begun innovating around the data to provide better health outcomes for Delawareans.

Under the State Innovation Models (SIM) Initiative, DHIN and other stakeholders played a major role in creating the State Healthcare Innovation Plan (SHIP). I was honored to lead the "Data and Analytics" workstream (one of six workstreams) on behalf of this initiative. We are currently poised to begin the extensive work of implementing technology components of the plan.

We appreciate the financial support DHIN received in the past and are proud that we continue the delivery of a strong return on that investment. On behalf of our Board of Directors and the entire staff, we thank our stakeholders, funders, partners and customers for your unwavering support. Please enjoy this FY 2014 annual report.

Sincerely,

A handwritten signature in black ink that reads "Jan Lee".



## Vision:

Share real-time clinical information among all healthcare providers (office practices, hospitals, labs, diagnostic facilities, etc.) across the state to improve patient outcomes and patient-provider relationships, while reducing service duplication and the rate of increase in healthcare spending.

## Mission:

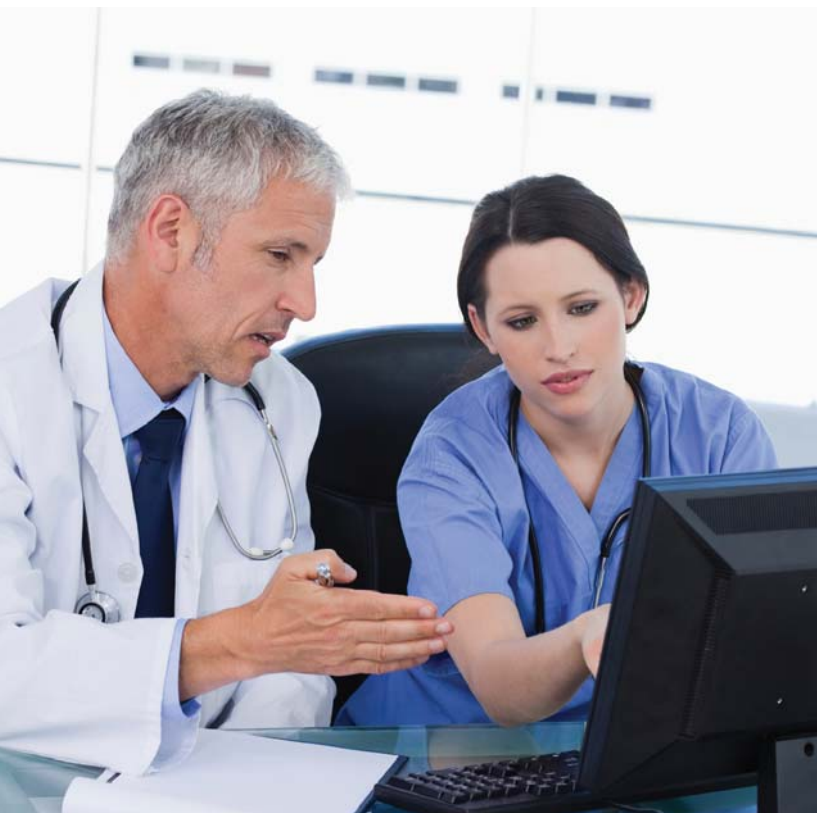
To facilitate the design and implementation of an integrated, statewide health data system to support the information needs of consumers, health plans, policymakers, providers, purchasers and research to improve the quality and efficiency of healthcare services in Delaware.

## Goals:

- To improve the care received by patients served by Delaware's healthcare system and to reduce medical errors associated with the often inaccurate and incomplete information available to providers of medical care.
- To reduce the time required and financial burdens of exchanging health information among healthcare providers and payers (necessary for patient care), by addressing the currently siloed and unintegrated model of distribution methods and dramatically increasing use of electronic means.
- To improve communication among healthcare providers and their patients to provide the right care at the right time based on the best available information.
- To reduce the number of duplicative tests to afford specialists a more comprehensive view of the patient upon referral from his/her primary physician and to expedite the reporting of consultant opinions and tests/treatments between specialists and the referring physicians.
- To improve the efficiency and value of electronic health records (EHR) in the physician office and to assist those physicians without an EHR to better organize and retrieve test results.

# Summary of Accomplishments

	Service	Participant(s)	
Prior to 2011	Clinical Results Delivery (core)	All hospitals and labs, most imaging centers, and 98% of Delaware providers	100% Adoption
	Public Health Reporting: • Syndromic Surveillance. ....	Division of Public Health: • All Delaware hospitals	
Since 2011	Public Health Reporting: • Electronic Lab Reporting. .... • Immunization Reporting .....	Division of Public Health: • 3 hospitals reporting; 2 hospitals in testing • 108 organizations reporting; 165 organizations in testing	Selective Adoption
	Medication History (subscription)	103 providers in 7 practices	
	Care Summary Creation and Download	All users of the Community Health Record	
	Electronic Health Record (EHR) results-delivery interfaces – 22 EHRs	Available to 77% of DHIN EHR users – adopted by ~60% of these	
	Event Notification System	2 Medicaid MCOs, 2 payers; 3 practices	
	Image Viewing	3 hospitals	
	DHIN-EHR Single Sign On	2 hospitals	



## The Value of DHIN:

- Reduces costs for data senders
- Improves workflow efficiency for practices and data senders
- Reduces the number of unnecessary and duplicative lab and radiology tests
- Improves the expediency of patient care

DHIN is the most mature statewide health information exchange in the nation.



## A Leader in Innovation

State, regional and private Health Information Exchanges (HIEs) can be compared based on their stage of development. As of this year, DHIN has reached the last stage of the HIE Maturity Scale, Stage 7, “Innovating.” DHIN is one of the few HIEs to reach this stage of development. This speaks to DHIN’s commitment to be a leader at a national, regional and local level in the HIE sector.

DHIN has a well-established history of innovation and national leadership.

- First statewide HIE to launch in May 2007.
- First statewide HIE with clinical data contributed by every acute care facility in the state.

- First query-based exchange between state-wide HIEs (Delaware’s DHIN and Maryland’s CRISP).
- First to directly consult another state on its HIE launch (Hawaii).

This year DHIN branched out into other lines of service and has begun innovating around the data. The dollar value of the projects executed this year is more than double that of any previous year.

2014	Stage 7: Innovating	Sustainable and fully operational health information organization. Demonstration of expansion of organization to provide value-add services, such as advanced analytics, quality reporting, clinical decision support, PACs reporting, EMS integration (pre and post acute care).
2012	Stage 6: Sustaining	Fully operational health information organization; transmitting data that is being used by healthcare stakeholders and have a sustainable business model.
2007	Stage 5: Operating	Fully operational health information organization; transmitting data that is being used by healthcare stakeholders.
2005	Stage 4: Piloting	Well under way with implementation—technical, financial and legal.
	Stage 3: Planning	Transferring vision, goals and objectives to tactics and business plan; defining your needs and requirements; securing funding.
	Stage 2: Organizing	Getting organized; defining shared vision, goals and objectives; identifying funding sources, setting up legal and governance structures.
1997	Stage 1: Starting	Recognition of the need for health information exchange among multiple stakeholders in your state, region or community.

Source for table: *Staying Alive: Determinants of HIE Sustainability A Special eHealth Initiative Report ehealth initiative, May 2, 2011.*

## Adoption and Relevance

Over 3,000 providers who make orders have enrolled in DHIN, an approximately 50% increase since 2011.\*

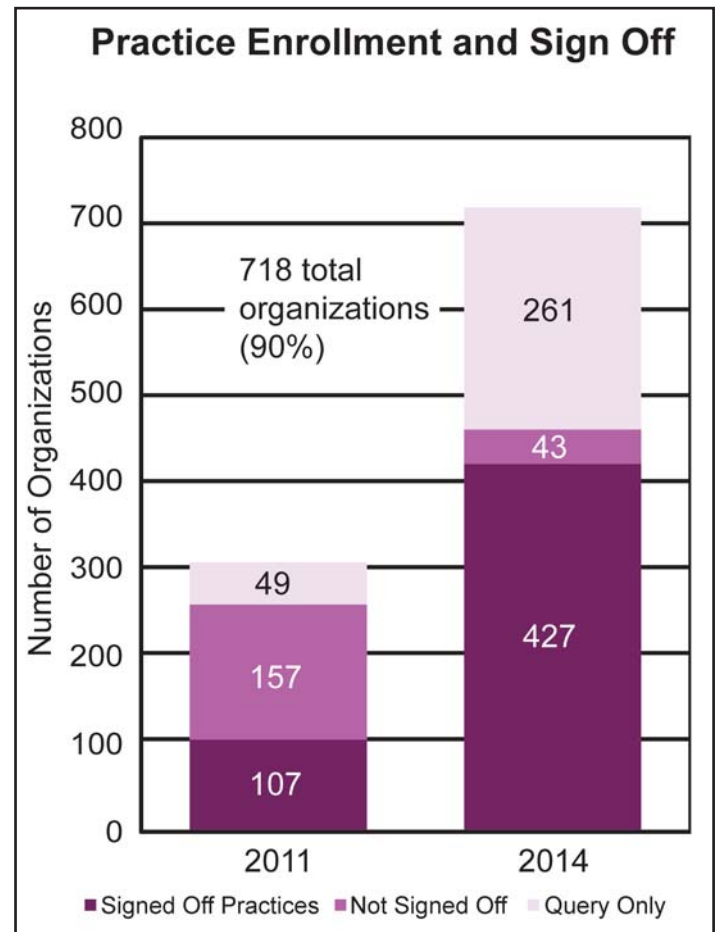
In the seven years that DHIN has been active, the system has proven its reliability and worth to hospitals, medical professionals and patients throughout Delaware. DHIN securely delivers fast and accurate patient information from hospitals, laboratories and radiology facilities directly to doctors' offices.

### Achieving The Tipping Point of Relevancy

Participation in DHIN continued to increase this year with 731 organizations enrolled, a 47% increase since 2011. Of these practices, 427 (91%) are "signed-off" meaning they receive their results exclusively through DHIN. DHIN's growth in enrolled practices and sign-off rate increases the effectiveness of the Community Health Record and helps reduce costs for its data providers (hospitals, labs and radiology firms).

The number of organizations with the ability to "search" for data in the community health record has increased to 261, and includes organizations such as long term care organizations, urgent care facilities and public health departments.

With the additions of Atlantic General Hospital and Union Hospital in Maryland this year, DHIN is one of the first statewide health information exchanges to have out-of-state hospitals as data senders. Union Hospital signed an agreement with DHIN in FY 2014 and is launching in FY



2015. DHIN and our HIE counterpart in Maryland, CRISP (Chesapeake Regional Information System for our Patients) also launched a program to exchange admission, discharge and transfer summaries on patients across state lines.

Seven Maryland hospitals provide DHIN with information on the Delaware residents they treat.

\*Source: *ONC-HIE Final Evaluation Report, Delaware Health Information Network. Prepared by Maestro Strategies, 3/7/2014.*



## More Connections to Electronic Health Records

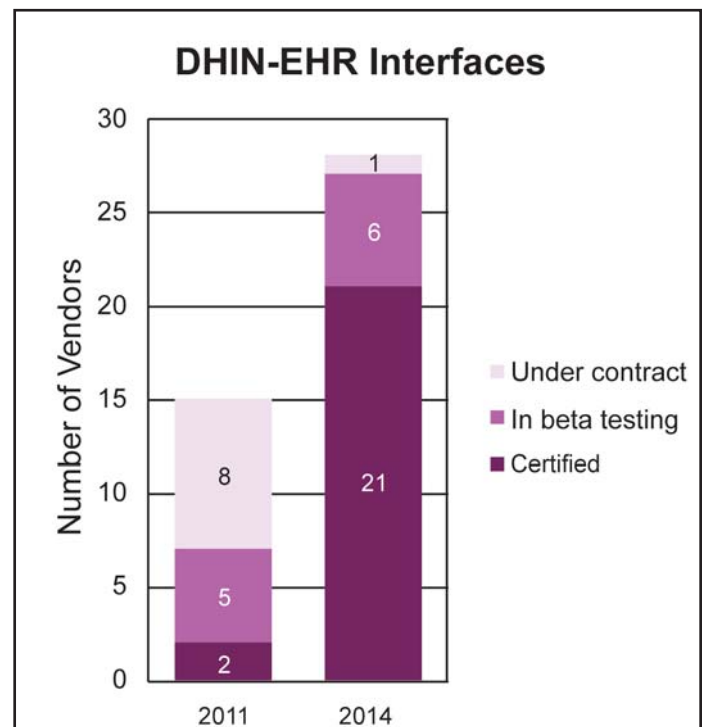
By the end of FY 2014, 309 practices using an electronic health record (EHR) were using one of the 22 EHRs with a certified results delivery interface to DHIN. This represents 78% of all DHIN practices using an EHR. The remaining 22% of EHR users are using a wide range of other EHRs, and DHIN is continually working to develop, test and certify additional EHR interfaces.

For users with a DHIN-EHR interface, clinical results provided through DHIN flow directly into the provider's EHR, meaning he or she never has to leave the EHR to retrieve clinical results or reports and incorporate them into the medical record system. A single interface to DHIN enables results from all of DHIN's data senders to be directly incorporated into the practice's EHR.



There have been an estimated savings in EHR interface implementation costs of \$3,000 per practice.\*

There is a collective savings of \$885,000 across all practices using a DHIN-EHR interface.\*



*"I wish we would have been on DHIN from the beginning! It's really simplified things - before, we would be on and off the phone all day with the hospitals trying to get results, and we had so much trouble getting all the information we needed. Being the nurse manager, I get so tied up during the day, so DHIN has made my life so much easier."*

Melissa Salazar  
Nurse Manager  
Sunshine Health Professionals

\*Source: *ONC-HIE Final Evaluation Report.*

## Triple Digit Growth in Data Senders

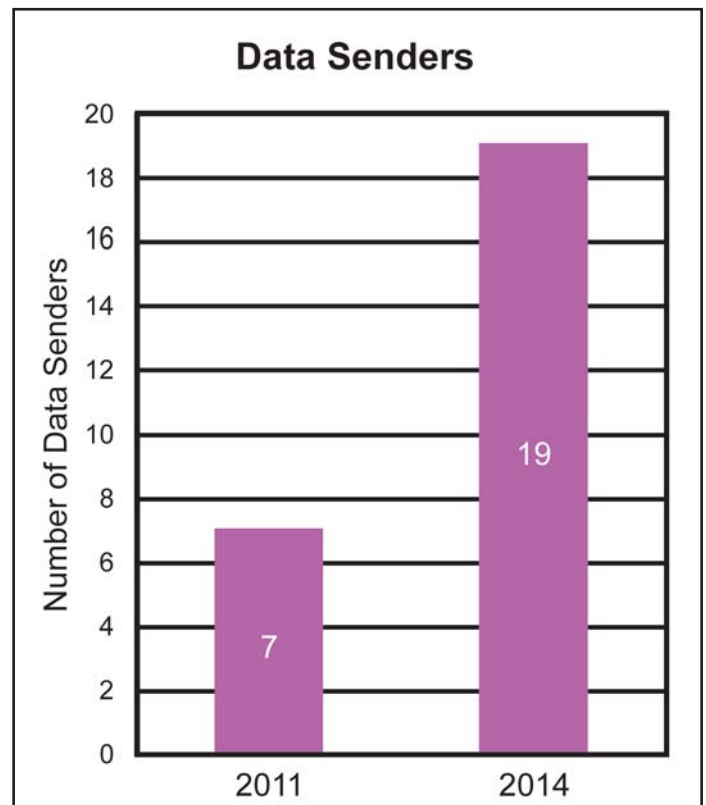
The number of organizations sending data through DHIN has increased from 7 to 19 from FY 2011 to FY 2014, an increase of 171%.

A 2013 study, conducted by Maestro Strategies for DHIN's Cooperative Agreement Final Report, showed that DHIN reduced the duplication of high-volume, high-cost lab and radiology tests, generating an annualized cost savings of over \$10 million to the healthcare system across the state.

Data senders do not have to provide results directly to DHIN "signed-off" practices and can turn off more costly results delivery methods, such as mail, couriers, faxes and direct integrations. Because DHIN enables better communication and convenient access to more medical information, healthcare providers can make more informed decisions when it comes to patient care.



DHIN will deliver 14 million patient records in FY 2015.



## DHIN Reduces Healthcare Costs

*Terry Murphy, President and CEO of Bayhealth Medical Center, based in Central Delaware, notes that healthcare costs are rising at the slowest rate in decades in Delaware. "There's no doubt that DHIN contributes to that by reducing duplication," he said. "This is a unique system that works to the benefit of every patient by creating the opportunity for better outcomes."*

## Improving Care Coordination

In FY 2014 DHIN saw increased utilization of the Community Health Record by multiple State agencies. The highest users were:

- Epidemiology (average 272 charts viewed per month)
- Department of Corrections (average 207 charts viewed per month)
- Cancer Registry (average 173 charts viewed per month)

DHIN improved care coordination through the exchange of several types of information:

- Medicaid and State employee health plans receive notification within 24 hours of an Emergency Department or inpatient discharge from a Delaware or Maryland hospital.
- Electronic immunization reporting continues to increase in both number and percentage.
- Skilled nursing facilities increased their utilization of the Community Health Record by over 100% in the past year.
- 100% of the 28 school based wellness centers contracted by Delaware's Division of Public Health are enrolled in DHIN.



DHIN ranks #6 in the nation in volume of data exchanged with a Public Health Agency.\*\*

There was a 31% increase in the year over year average of data exchanged with Public Health.

\*\* Source: *ONC Health IT Dashboard*, <http://dashboard.healthit.gov/>. as of Q4 CY2013.



## New Features and Services

### Encounter Notification System is Win/Win for Patients and Providers

This year DHIN successfully launched the Encounter Notification System (ENS). ENS closes a large gap in patient care by providing real-time alerts to medical providers who have care coordination responsibility. When a patient has an encounter at any DHIN participating hospital (such as an admission, intra-facility transfer or discharge), providers can receive an alert in real time from DHIN. ENS can then transmit those alerts to interested parties (such as primary care practices, patient-centered medical homes, and managed care organizations), eliminating the delay and inefficiencies of less systemic methods. Medicaid and State employee health plans also receive notification within 24 hours of an Emergency Department or inpatient discharge from a Delaware or Maryland participating hospital.

ENS provides the communication needed to help determine which patients need a follow-up call or additional care. This helps both patients and providers by making sure patients are getting the care they need, while providers get swift, convenient notification of information they would not otherwise receive unless told by patients or caregivers. Providers can use this service to follow up with patients within 48 hours of a transition in care and bill Medicare for the transitional care management activities.

DHIN improved patient transition of care by delivering 20,000 ENS hospital discharge alerts in April 2014.



### Access to Discharge Instructions

A new related feature enables medical providers to access discharge instructions for patients treated at Christiana Care. These instructions are now available on-demand to physicians involved in the post-discharge care via DHIN's Community Health Record. This makes it easier to engage patients with items critical to their ongoing recovery, helping to reduce the chance of a costly readmission. Seamless communication in transitions of care is a critical component to both improving care and reducing healthcare costs.

### Continuity of Care Documents

This year thirty practices have begun submitting Continuity of Care Documents (CCDs) to the Community Health Record through DHIN.

### Newborn Screening

DHIN completed the beginning phases of the multiple phase Newborn Screening project with the ONC grant. Newborn screening involves a component of a hearing test and a metabolic screening test which will be combined into one report. DHIN will then deliver the screening report to the ordering providers and deliver a copy into the Community Health Record that can be accessed by the child's future care providers.

## Image Sharing

Starting this year, practices are able to view radiology images from Nanticoke Health Services, St. Francis Healthcare and Mid-Delaware Imaging through a link on the result report in the DHIN Community Health Record. This allows medical providers to view the image and review the report on their computers. DHIN results are posted virtually real-time as soon as they are finalized, helping to expedite care to patients.

## Customer Support

Earlier this year, DHIN implemented its new helpline to help users with any problems they might encounter. The helpline can be reached Monday to Friday from 8:00am to 5:00pm for DHIN subscribers. While Medicity continues to handle overflow and after-hours calls, the implementation of this helpline has greatly improved customer service. This new internal customer support service allows DHIN to more completely own the customer experience and gain a direct line-of-sight for opportunities on how to improve our products and services.

## Technology Architecture

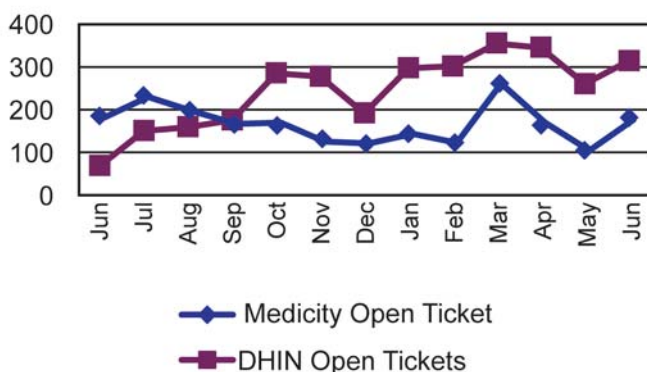
In FY 2014, DHIN began the process of re-architecting its technology stack in order to reduce dependency on a single vendor and provide for greater flexibility for on-going growth and development. Three hospitals are currently sending data through the new technical infrastructure. The transition of other data providers and services will be staged to fit strategic priorities.

Over 2 million radiology images were available in June 2014.

*"I was very excited to be a part of the testing process for embedding links in the radiology reports at Nanticoke. To be able to view the images as well as read the reports will be invaluable to treating physicians and will also provide an opportunity to show and discuss the images with patients."*

*Dr. Marie Wolfgang,  
an independent physician in Seaford*

### CY 2013-2014 Help Desk Call Trends



## Privacy and Security Audit

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### Ensuring Privacy and Security of Patient Information

DHIN gives priority to the privacy and security of patient healthcare information. This claim was validated by an independent third-party examination in FY 2014.

Best Practice Partners (BPP), in collaboration with industry expert Reclamere, Inc., examined DHIN's privacy and security environment using criteria from the National Institutes of Standards and Technology as well as federal and state laws and regulations. The purpose of the review was to determine if adjustments could be made that would enhance the privacy and security of the information being stored. The examination determined that there were no major areas or issues that require corrective action. The review also stimulated constructive discussions regarding industry best practices that will lead to additional improvements in our approach to system security.

DHIN regularly audits and monitors the network.

- Access is restricted to licensed medical professionals and their designated staff.
- Users leave an “electronic fingerprint” on the records they access, which is a distinct advantage over paper-based records.
- Logic built into the system detects whether the provider has an established treatment relationship with the patient.
- Consent to auditing is a requirement for participation in DHIN.

DHIN's privacy and security audit found no major issues requiring corrective action.





## Financial Sustainability

DHIN has been financially sustainable since 2012.

Created by the State Legislature as a public-private nonprofit in 1997, DHIN generated 100% of its operating revenue from service fees during its Fiscal Year 2014. DHIN achieved its financial goals:

- Increased year over year revenue by more than 5%.
- Implemented two new revenue-generating products or services. DHIN developed a revenue sharing agreement with Halfpenny for interfaces to hub EHRs. It also established a fee-based consulting service, with Hawaii's HIE as its first paying customer.



The period of performance under the HIE Cooperative Agreement, regulated by the Office of the National Coordinator for Health Information Technology, ended in January 2014. DHIN fully expended this \$4.7 million grant, and it used grant funding to grow both in breadth and depth of services offered. It also used the grant to expand adoption and participation in the network.

### Workflow Efficiencies Save Medical Dollars

*Joshua Vaught is CEO of Delaware Orthopaedic Specialists, a large practice with 15 doctors and five offices across the state. When he realized that each of his administrative staff members were saving up to an hour a day by not having to hunt for records and avoiding ordering duplicate tests, he knew the Delaware Health Information Network (DHIN) was making a difference. "Operational workflow is key for us, and DHIN smoothes the process in ways nothing had before," said Vaught. "In Delaware we have over 20 websites to login into to obtain lab and image results and there are multiple electronic medical record (EMR) platforms that would require direct integration. Having DHIN replace all that by being a centralized location for lab and imaging results has provided a tremendous opportunity to save both time and money. By avoiding duplication, it allows our physicians to treat more efficiently, not waste the patient's medical dollars and improve our overall patient care."*

## State Healthcare Innovation Plan

In August 2013, The Centers for Medicare and Medicaid Services, Innovation Center (CMMI) awarded Delaware \$2,485,118 as a part of the State Innovation Models (SIM) Initiative to develop a State Healthcare Innovation Plan (SHIP). The goal is a Triple Aim of improving the health of Delawareans, improving the patient experience of care and reducing healthcare costs. This goal is expected to be achieved through innovative payment and care delivery models that shift from payment for volume to payment for value. These models will involve all payers (government and commercial) and the majority of healthcare providers in the state.

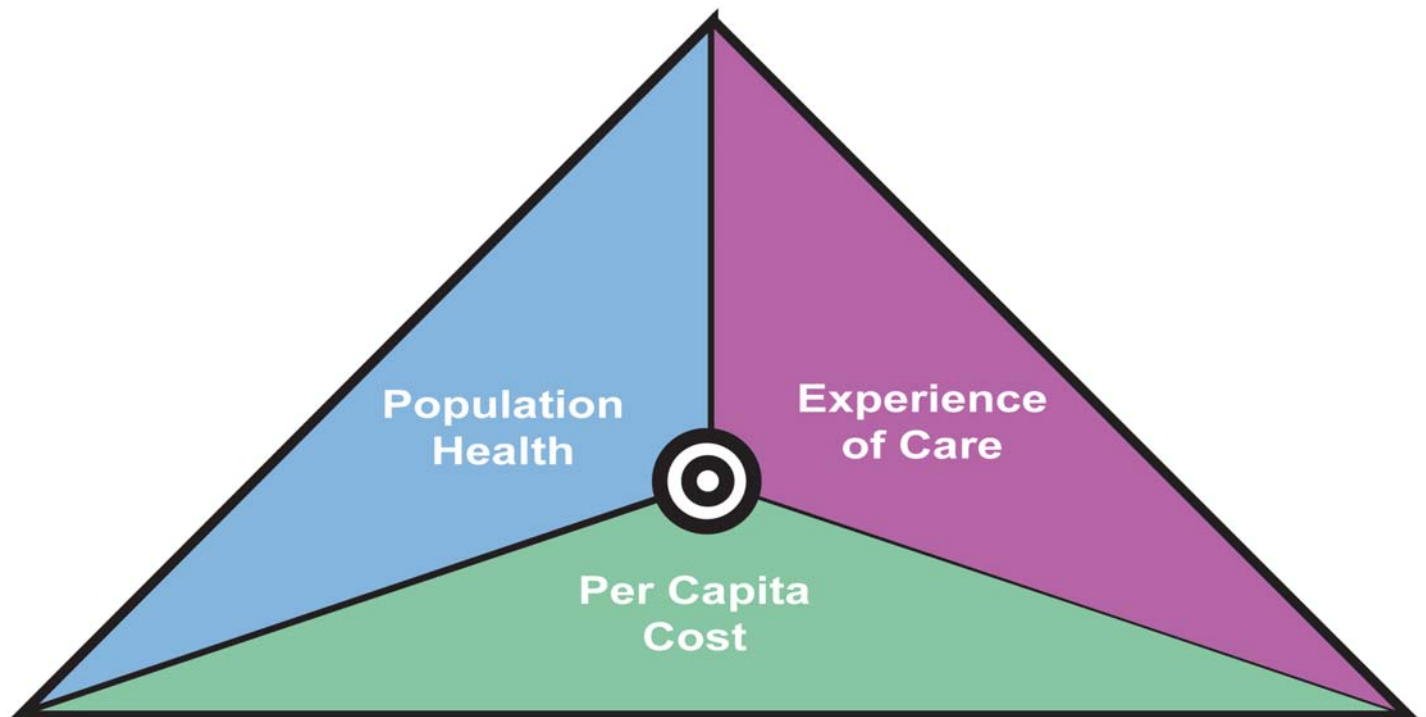
This year DHIN and other stakeholders played a major role in creating the SHIP. DHIN used its statutory authority to create the Delaware Center for Health Innovation, which will be the body that guides and oversees the implementation of the

plan. DHIN will work closely with the Innovation Center, the Healthcare Commission, and all the other stakeholders in implementing shared IT services in support of the plan.

With a letter of support from DHIN, and many other stakeholders, the State has applied for a testing grant from the CMMI SIM initiative to accelerate implementing the plan. DHIN will lead the development and implementation of the shared IT components of the plan.

DHIN and other stakeholders played a major role in creating the State Healthcare Innovation Plan (SHIP).

### Triple Aim of Healthcare





## Future Development

The successful achievements and ongoing projects in 2014 position DHIN well for even more innovation in FY 2015. Future innovation will be guided by several key principles:

- Hold to the mission of providing value for all the citizens of Delaware.
- Pursue business stability and growth by growing the revenue stream and controlling costs.
- Grow the health information ecosystem with new types of participants, new data and new services.
- The Meaningful Use initiative and the SIM grant will drive specific work.

Multiple new revenue stream opportunities have been identified that will use DHIN innovations for better patient health.

For example, a memorandum of agreement was signed with the Delaware Center for Maternal-Fetal Medicine (DCMFM) making it the first ambulatory organization to join DHIN as a data sender. DCMFM will be delivering transcription

summaries on expectant mothers and their fetuses through DHIN. All delivering physicians will have easy access to comprehensive information on the mothers who present for delivery. This information is especially important in cases when there are complications associated with the pregnancy or health risks associated with the mother or the newborn.

The development goals for the future are:

- Consumer-facing tools that support patient engagement and transparency
- Expanded provider portal (payer-provider communications)
- All Payer Claims Database
- Clinical Quality Measure reporting
- Medical device data
- Analytical tools for population views of the data and clinical research

# Statement of Financial Position

for the year ended June 30, 2014

	2013	2014
<b>ASSETS</b>		
Unrestricted Cash	\$2,263,130	\$3,158,738
Restricted Cash	0	265,685
Receivables		
Trade	327,600	332,683
State	0	0
Federal	82,814	0
Lease Deposit	6,979	6,979
Property and Equipment - Net	11,302	6,482
<b>TOTAL ASSETS</b>	<b>\$2,691,825</b>	<b>\$3,770,567</b>
<b>LIABILITIES</b>		
Accounts Payable	149,270	242,185
Accrued Expenses	108,724	0
Deferred Income	36,750	64,250
<b>TOTAL LIABILITIES</b>	<b>\$294,744</b>	<b>\$302,835</b>
<b>NET ASSETS</b>		
Restricted	0	23,500
Unrestricted	2,385,779	3,440,632
Invested in Capital Assets, Net of Related Debt	11,302	0
<b>TOTAL NET ASSETS</b>	<b>\$2,397,081</b>	<b>\$3,464,132</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$2,691,825</b>	<b>\$3,770,567</b>

1. Restricted Accounts Receivable includes \$88K from a data sender who has not made a payment yet in FY 2014. DHIN provided \$231K of services in FY 2014, but the data sender notified DHIN that it would only pay \$88K. DHIN has written off \$143K of revenue as a result of the notification. DHIN is continuing pursuit of payment in full. Remaining receivables (short term in nature and expected to be collected) are from DHIN's data senders for results delivery services performed and also from one Payer for June 2014 Event Notification Services performed.
2. Accounts Payable is comprised of: 1) Outstanding payable to vendor for services contracted but not performed. DHIN has contacted the vendor to determine if remaining contracted amount will be invoiced to DHIN. 2) Performance incentives for DHIN staff. 3) Reimbursement to a hospital for an imaging server in support of PACS viewing capability. 4) Accrued expenses for work completed in June FY 2014, to be paid in July 2014.
3. Represents cash received from CCHS for CMMI related grant activities which have not yet been completed.
4. Board Restricted Net Assets include expenses related to contracted/obligated work with EHR vendors to implement results delivery, immunization exchange, and CCD functionality in several DHIN Beta practices.

# Statement of Operations

for the year ended June 30, 2014

	2013	2014
<b>REVENUE</b>		
Data Senders	\$2,658,612	\$2,912,198
Payers	1,048,939	2,840,483
Contributions	1,000,000	1,000,000
Federal Grant Income	1,630,537	1,804,870
Providers	0	18,612
Professional Services Income	9,612	62,651
Interest Income	3,913	3,521
<b>TOTAL REVENUE</b>	<b>\$6,351,613</b>	<b>\$8,642,336</b>
<b>EXPENSES</b>		
Personnel	1,651,812	2,039,440
Administration	292,993	282,157
Operations	1,050,662	1,110,334
Depreciation	3,156	5,006
Contractual (Non-Technical)	887,577	1,402,249
Marketing	107,930	90,542
Ongoing Licenses Maintenance	1,049,748	1,254,717
New Functions	1,120,017	1,081,827
New Functions Licensing and Maintenance		346,845
<b>TOTAL EXPENSES</b>	<b>\$6,163,895</b>	<b>\$7,440,227</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$187,718</b>	<b>\$1,202,108</b>



*Standing Left to Right: Richard Wadman, Mark Jacobs, Spiros Mantzavinos.  
Seated Left to Right: Randy Farmer, Jan Lee. Not pictured: Michael Sims.*

## Leadership and Staff

### DHIN Executive Management

Dr. Jan Lee, Chief Executive Officer  
 Mark Jacobs, MHA, Chief Information Officer  
 Randall J. Farmer, MS & MEd, Chief Operating Officer  
 Spiros Mantzavinos, Director of Operations and Government Affairs  
 Michael Sims, MBA, Chief Financial Officer  
 Richard Wadman, MPA, Senior Program Manager

### DHIN Staff

Ali Charowsky, Executive Assistant  
 Van Durst, System Administrator  
 Wendy Fitzgerald, DHIN Help Desk Coordinator  
 Andy Gillan, EHR Integration Project Analyst  
 Erica Hutchinson, Network and Operations Systems Analyst  
 Michael MacDonald, Provider Relationship Manager  
 Dorothy McCluskey, Provider Relationship Manager  
 Lynn Misener, Senior Project Manager  
 Lakeisha Moore, Provider Relationship Manager  
 Cathy Paulish, Project Analyst  
 Michele Ribolla, Provider Relations Business Manager  
 Jamie Rocke, Provider Relationship Manager  
 Brandy Strauss, Project Analyst  
 Jonathan Val, Customer Support Specialist  
 Jody Wilson, Network and Operations Manager



# Board of Directors

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## Executive Officers

**Randall Gaboriault\***, Chair, Chief Information Officer, Christiana Care Health System

**Andre G. Bouchard\***, Vice-Chair, Managing Partner, Bouchard, Margules and Friedlander

**Bettina Tweardy Riveros\***, Secretary, Advisor to the Governor, Delaware Department of Health and Social Services Designee

**Donna Goodman\***, Treasurer, Vice President, Chief Financial Officer and Chief Operating Officer, Westside Family Healthcare

## Board Members

**Meaghan Brennan**, Deputy Director, Budget Development, Planning, Delaware Office of Management and Budget

**Stephen Groff**, Director of Medicaid and Medical Assistance

**Jeffrey E. Hawtof**, MD, FAAFP, Vice President, Medical Operations and Informatics, Beebe Healthcare

**A. Richard Heffron\***, President, Delaware State Chamber of Commerce

**William E. Kirk, III\***, Esq., Vice President and Corporate Secretary, Highmark Blue Cross Blue Shield Delaware

**Stephen Lawless**, MD, Vice President, Quality and Patient Safety, Nemours/Alfred I. duPont Hospital for Children

**Kathleen S. Matt**, PhD, Dean, College of Health Services, University of Delaware and Executive Director, Delaware Health Sciences Alliance

**Brian Posey**, Director, AARP Delaware

**Kimberly Reinagel-Nietubicz**, Senior Legislative Analyst, Delaware Office of the Controller General

**Stephen Saville**, JD, President & CEO, Medefis, Inc.

**Gary Siegelman**, MD, MSc, Senior Vice President, Chief Medical Officer, Bayhealth Medical Center

**James H. Sills, III**, Secretary/CIO Delaware, Department of Technology and Information

**Terri Steinberg**, MD, Chief Medical Information Officer, Christiana Care Health System

**Thomas Trezise\***, Trellist Ventures

\* Executive Committee member

# DHIN Participants and Stakeholders

## Data Senders

### Hospitals (100%)

All DE acute care hospitals,  
2 border hospitals in MD

### Imaging Centers (~95%)

All hospital based imaging centers,  
majority of free-standing

### Labs (~99%)

All major reference labs  
Public Health lab  
Several smaller independent labs, including 2  
NJ based

### Neighboring State HIE (1)

DHIN exchanges hospital and ED discharge  
information with Maryland's HIE

### Health Plans (~43%)

Medicaid  
State Employees  
Highmark Blue Cross Blue Shield Delaware

### Pharmacies (~35%)

Immunization Update

## Data Receivers/Users

### Providers (98%)

### FQHCs (100%)

### Skilled Nursing Facilities (100%)

### Assisted Living (87%)

### Home Health (53%)

### School Based Clinics (100%)

### Urgent Care/Walk-In Facilities (57%)

### State Agencies, including:

State epidemiologists  
Immunization registry  
Cancer registry  
Department of Corrections

### Health Plans (44% of DE residents covered by participating plans)







DHIN Administrative Offices  
107 Wolf Creek Blvd.  
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