

Delaware Health Information Network
Town Hall
Wednesday, December 14, 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

Public Health

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

Currently, 156 practices are reporting immunizations to Public Health electronically through DHIN; adding approximately two/four practices each month.

Bayhealth has completed their conversion to Epic and are sending both Syndromic Surveillance and Electronic Lab Reporting electronically over the new HL7 2.5 interfaces. St. Francis, also planning a major conversion, has placed everything on hold until calendar year 2017.

Atlantic General continues sending Syndromic Surveillance into Public Health in both Delaware and Maryland.

Newborn Screening

DHIN continues working with Public Health on Newborn Screening which has two components. Phase 1 entailed hospitals/birthing centers to send the early hearing testing electronically to Public Health. Currently, four of our six hospitals are sending results to Public Health electronically.

Phase II is the combination of the early hearing detection and metabolic screening for testing of genetic conditions. The combined hearing and metabolic results will be made available electronically to both ordering providers and the post-discharge providers. Additionally, the results will be stored in the community health record and available for query for those with proper permissions.

Data Senders

DHIN is currently in the process of on-boarding Newark Emergency Care; in addition to the five MedExpress clinics that are currently sending data. It is a major initiative to recruit walk-in clinics as data senders; as data will be available to primary care providers and the Event Notification System to help close the clinical information gaps from this very important and convenient healthcare service.

DHIN recently signed an agreement with another walk-in clinic, Ambient Care; and anticipate a kick-off in the near future.

DHIN is also pleased to announce that Delaware Center for Maternal and Fetal Medicine (DCMFM) is now in production as a data sender. Issues surrounding genetic testing and the storing of the data had placed this project on hold while the legal issues were being resolved.

Interstate Exchange

DHIN has been exchanging ADT's across state borders with CRISP (Maryland's HIE) based on state of a patient's residency. Along with the Maryland hospitals, CRISP also provides the infrastructure to support D.C. hospitals, which DHIN has also added. CRISP recently signed an agreement with West Virginia to host their data. DHIN, CRISP and West Virginia are currently in the process of working on a three way agreement that will allow us to bring in these additional data feeds for Delaware residents.

DHIN kicked off with NJSHINE, the HIE of Southern New Jersey and expect to exchange data in the next few months. DHIN continues working on an agreement with Health Share Exchange (HSX) the exchange organization covering the five counties of southeastern Pennsylvania.

DHIN has also executed an agreement with Medical Diagnostic Laboratories and expects to be in production by March 2017. Medical Diagnostic Laboratories will be sending data from residents of Delaware, New Jersey, Pennsylvania, Maryland and New York.

II. Planned Activities Update

Grants

DHIN has been awarded two grants from ONC totaling \$3.4M with the period of performance for both grants through July 2017.

Under the initial grant, DHIN is required to work four target groups. The first two are Behavioral Health and Long Term Post-Acute Care. DHIN's goal was to offer both organizations direct secure messaging to ensure electronic communication with other health care providers. In addition, DHIN offered to have Long Term Post-Acute Care (LTPAC) to become a data sender of care summaries at the conclusion of an LTPAC encounter. DHIN has been working with both organizations to achieve these goals for eighteen months, but progress has been slow. During a recent site visit from our ONC Grant Officer, DHIN proposed reallocating grant funds that were initially intended for LTPAC organizations. Though we do not have a final decision, ONC is considering the request.

The third target group is the consumer. DHIN has several initiatives that are consumer focused. We are working with MedicaSoft on a Personal Health Record (PHR)/Patient Portal. For hospitals and practices that already have a portal, DHIN is offering the ability to 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. DHIN is currently working with three practices to implement on their behalf.

Patients will control who has access to their data and their personal health record. Several DHIN staff members are in testing (with several years of data) using their own personal information ensuring that the data is flowing through as it should. Once we are confident it is ready, there will be a soft launch in January with three practices, followed by an extensive provider awareness campaign, consumer marketing and direct marketing to consumers to include radio and television.

DHIN is also working on Health Check Alert which is a companion to the patient portal. Health check alert will notify subscribing patients when information about them hits the system. We are working with DMMA to identify a group of pilot patients. Notably, the Missouri Division of Medicaid has expressed interest in piloting this program also.

In addition, we are working with Telehealth, another consumer engagement tool to have encounter level summaries sent into DHIN; we are in discussion with several Telehealth providers throughout the state.

DHIN's web site has undergone a face lift with consumer content, making it a more interactive experience. We invite you to view our web-site at www.dhin.org; click on the consumer tab and scroll down to the bottom to the link titled

[DHIN24seven](#). You will find educational content, various medical topics and a search field for topics of interest. The system is powered by IBM Watson and overtime will automatically recognize previous searches and offer topics of interest to the individual user.

DHIN is working on Delaware Medical Orders Scope of Treatment (DMOST); these are orders to translate end of life wishes from a legal document into set of medical orders that must be honored at every care setting. The Delaware statute authorizes DHIN to set up a registry in which the orders are to be maintained and made centrally available. A working group from the Delaware Academy of Medicine is leading the implementation of the statute and working with DHIN to establish a DMOST registry. We are early in the process and working on requirements and the design. We are expecting to use grant funds for the implementation.

In addition, three major initiatives that we are working on with Eligible Professionals and Ambulatory Providers:

1. Event Notification System (ENS), currently over 500 providers have subscribed to ENS which includes 128,000 patients.
2. Automatically sending care summaries at the conclusion of each encounter.
3. Analytical Platform/Common Provider Scorecard: Payers have agreed on a common set of measures to be used in their value based contracts.

The Common Provider Scorecard is the first of a number of initiatives that we will be working on using the analytics platform. Under the state grant, State Innovation Model, we continue working on the provider scorecard; payers have agreed on a common set of clinical quality measures and utilization measures that would be used as their value based contract with providers. Version 2, Release 3 went live early in December and includes data from Medicaid MCOs, United, Highmark, Highmark Commercial and AETNA.

Under the SIMs Grant, DHIN has been authorized to set up a Health Claims Data Base. Funding has been set aside for implementation of the data base. We have identified a consulting group that has worked with sixteen other states that have stood up a health claims data base. With their guidance, we will write an RFP for another platform or amend our Statement of Work (SOW) with our current vendor.

HITRUST

DHIN continues working on a year-long effort to obtain HITRUST certification. Documentation is currently being reviewed and will be submitted along with our application by March 2017. HITRUST is the comprehensive and certifiable security framework used by healthcare organizations and their business associates to efficiently approach regulatory compliance and risk management.

Strategic Plan

DHIN will be presenting our five-year strategic plan this Friday, December 16th at the Delaware Healthcare Leadership Summit.

II. Comments

Q: Stefanie Brumberg, CCHS: Will Health Check Alert include notifications or revised notifications of patient ADTs?

A: HealthCheck Alert will notify consumers of health activity from a select set of ADT types. The selected ADTs are intended to inform consumers of health activity without inundating them with revised or updated ADTs. Information will be updated periodically to include documents and clinical data.

Q: In regards to the DMOST registry you are creating, are there plans to include the order?

A: Yes, providers will be able to access DHIN to see the data displayed in the community health record; for DMOST registry to be useful, it needs to be a prominent visual that will be displayed in the patients chart.

**Next Town Hall is scheduled for January 11 @ 11:00 a.m.
1-408-792-6300 Access Code: Access code: 804 255 663**