

Delaware Health Information Network
Town Hall
Wednesday, January 11, 2017
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, 157 pharmacies (77%), all hospitals and 156 practices (32%) are reporting immunizations to Public Health electronically through DHIN; adding approximately two/four practices each month.

All hospitals with the exception of St. Francis 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 FY17.

Newborn Screening

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. 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. DHIN is now in cert testing.

Data Senders

Along with the five MedExpress clinics, Newark Emergency Care is now sending ADTs. CCDs from Newark Emergency Care will be moving into the community health record in the January update; along with CCDs from Mid-Atlantic Family Practice and Quality Family Physicians.

DHIN also has an executed agreement with Ambient Care.

We continue working with several Telehealth organizations. On behalf of CCHS, we are working with American Well to ensure data from any CCHS encounters are going into the community health record.

DHIN is also in contract negotiations with MDLIVE in which they will send a summary of Telehealth visits into the community health record. It is very important to close the gaps in communication links between the different settings of care to ensure all data is available in the community health record.

DHIN is in the process of on-boarding Med Diagnostic Labs which will be sending data from Delaware, Maryland, New Jersey, Pennsylvania and New York.

DHIN also has an agreement executed with Natera; a genetic testing lab that does testing across the country.

Interstate Exchange

Three Maryland hospitals, Atlantic General, Peninsula Regional and Union Hospital are fully participating in DHIN and are sending information on all five data types.

In addition, we have an interstate exchange agreement with CRISP, the Maryland HIE, to exchange ADT files. This data fuels the Event Notification System, enabling providers or payers to be notified that one of their patients has been discharged from an emergency room, hospital or home health visit. Receiving ADTs from Delaware patients that are seen in a Maryland hospital enables us to provide a fuller set of notifications to all ENS subscribers; currently thirty-three percent of all ADTs that DHIN receives are coming from out of state.

DHIN is also in the process of on-boarding three additional Maryland hospitals; which are currently in cert testing. In addition, CRISP provides the infrastructure to support both the Washington, D.C. and West Virginia HIEs.

As we speak to other HIEs, we have found they too have data on patients in all 50 states. Strategic Health Information Exchange Collaborative (SHIEC) is sponsoring a project called the Patient Centered Data Home; wherever the patient is seeing the majority of their care should be their data home. All data about the patient should be

accessible in the Patient Centered Data Home. We do not yet have a lot of information, but will explore the possibility of participating and next steps.

DHIN has kicked off a project with NJSHINE the HIE of southern New Jersey, and will add three more hospitals.

We continue contract negotiations with HSX the HIE for the five southern counties of Pennsylvania.

In addition, we have had discussions with Utah and Florida. Both have expressed an interest in exchanging data using grant funds to help cover the cost of connections.

II. Planned Activities Update

Grants

DHIN has been awarded two grants from ONC; one is a supplemental grant and both grants end in July 2017.

One of our target groups, Long Term Post-Acute Care (LTPAC) has not progressed as we had expected. Therefore, ONC has approved the reallocation of funds for consultation in standing up a health claims data base.

We continue working with Behavioral Health and our intention was to provide Behavioral Health organizations with Direct Secure Messaging. Our goal was to on-board forty-six organizations and we currently have eight on-boarded.

Another target group is the consumer. We are in the process of implementing a PHR/Patient Portal that will be available across the state. The idea is to access data from the DHIN repository. 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

We are in the process of testing with DHIN staff. The data base is functional and is populated with two years of data. The historical data will be pulled in at a later date. DHIN's staff is validating the data with their health data. Presuming there are no problems, we will have a late January "soft launch" with three practices; Delaware Heart & Vascular, Delaware Orthopedics Specialist and Atlantic Adult & Pediatric Medicine. In addition, St. Francis and Union have expressed interest in the patient portal.

Prior to going out to the public, DHIN will have a “soft launch” to family and friends to help in identifying any issues. Anyone interested in participating, should reach out to Lynn.Misener@dhin.org.

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, whether it is a result, or when someone has viewed their data. 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.

DHIN has recently upgraded the consumer portion of our web-site giving users a more interactive experience.

DHIN is also working with the Delaware Academy of Medicine in leading the implementation of the statute to establish a DMOST registry. Delaware Medical Orders Scope of Treatment (DMOST) are orders translating end of life wishes from a legal document into a set of medical orders that must be honored at every care setting. We are early in the process and working on requirements and the design; and will be using grant funds for the implementation and initial start-up.

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

1. Event Notification System (ENS), currently over 573 providers have subscribed to ENS which includes 200,000 patients.
2. Automatically sending care summaries at the conclusion of each encounter. Currently 307 providers are live and an additional 129 in the process of on-boarding.
3. Analytical Platform/Common Provider Scorecard: Payers have agreed on a common set of measures to be used in their value based payment. At this time, 234 providers have enrolled as users of the Provider Scorecard, representing 13% of Delaware providers and 129 are in the process of enrolling.

DHIN has ten years of data and we want the opportunity to make the data useful and turn it into meaningful information that a hospital can use to understand their environment. The first stage in implementing the analytics platform was rolling out the Provider Scorecard which was an initiative under the State of Delaware’s SIM Grant. Payers have agreed on a common set of measures to be used in their value based payment. Enrollment is on-going and released quarterly; our next release is scheduled for February 2017.

DHIN is also working with hospitals, ACOs and practices on reports that are of interest to them giving them more of an insight to their practice.

DHIN is also interested in becoming a qualified clinical data registry for reporting clinical quality measures to CMS. We have had some conversation with DMMA to use Medicaid funding to accelerate.

The Delaware Health Claims Data Base passed legislation in FY16 authorizing DHIN to stand up a health claims data base; funding in the SIMs Grant has been set aside for the implementation. In addition, DHINs supplemental grant will provide funding for Freedman Healthcare Consultants to steer us in the right direction and give us specific guidance through the process. We are in the final stages of contract negotiations; once the contract has been signed, we will begin work immediately.

HITRUST Certification

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. DHIN will be notified with results by June 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.

DHINs Strategic Plan

DHINs Strategic Plan was unveiled at the Delaware Healthcare Leadership Summit and is currently posted on our web-site for viewing.

In FY17, DHIN continues working on:

- Hiring New Staff with Additional Skill Sets
- Staff Development Training will be in ITIL Certification (A Framework of Best Practices)
- Begin Technology Refresh
- Data Repository Supporting the Patient Portal
- Amazon Cloud (Grant Funded)

In addition, we are working on an integration engine, which will be sending data to mirth connect. We are currently half way through our pilot for mirth results testing giving us the ability to bypass Medicity.

Also, a critical component for health information exchange and aggregating data in the community health record is identity management patient matching tools. In 2013, DHIN licensed IBM initiative as our identity management tool for everything other than the community health record. As we move forward in our technology refresh, our intention will be for IBM initiative to be our single identity matching tool.

III. Comments

Announcement: Mary Marinari, DMMA: The new Delaware Medicaid Enterprise System went live on January 1, 2017. A portal is available for providers to register electronically; the portal can be accessed at <https://medicaid.dhss.delaware.gov>. Click on the provider portal and on the left side you will see “Provider News”. Valuable information for providers can be found on this web-site along with contact information.

**Next Town Hall is scheduled for February 8th @ 11:00 a.m.
1-408-792-6300 Access Code: Access code: 804 255 663**