

Delaware Health Information Network
Town Hall
Wednesday, June 8, 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

Upgrade

The most recent patch to the 7.4 Upgrade went into production last month and we are happy to report that the improvement in performance does appear to be sustained; however patient search response times are still not as fast as we would like.

Public Health

DHINs work with Bayhealth and St. Francis is contingent on the replacement of their Electronic Health Record. Bayhealth is currently expected to go into production in late July and St. Francis in September. Once completed, they will be submitting their data to Public Health through DHIN.

Immunization Reporting

DHIN continues to make incremental improvements in the number of practices that are submitting their immunization data to Public Health.

Data Sender

CNMRI has gone into production as our newest imaging center.

CCDs

CCDA Exchange, a component of DHIN's most recent grant, is enabling provider practices to automatically submit care summaries at the conclusion of each patient encounter.

DHIN has started moving CCDs from a document repository into the community health record. We have been accumulating CCDs for over a year with the intent to migrate them into the community health record, ensuring that they are searchable and viewable along with any other result/report types. Our goal is to take new CCD transmitting organizations in monthly batches into the community health record. A large number was completed in May and another will be completed in June; which will include Nanticoke practices, skilled nursing facilities, and MedExpress Walk-In clinics.

DHIN currently has approximately 200,000 care summaries, enabling us to expand the continuum of care data available in the community health record. Users should feel free to contact us and let us know if the additional data is useful.

Common Provider Scorecard

The common provider scorecard is a key technical component of the State Health Innovation Plan. The first release of Version 2, which contains additional functionality and updated/new clinical quality measures, was released to the original 21 pilot practices.

Payers have agreed that the major components of value based payment contracts with providers will be based on performance against a common set of clinical quality measures. The measures were selected by clinical leaders in the state in conjunction with the payers. The second release of Version 2 will be offered state wide in September. Any practices that choose to enroll will be able to get their scorecard in September. In addition, there will also be state wide goals to move Delaware in the direction of wellness; which will be tracked showing state level aggregation of data and showing as a state how many practices are meeting a percentage of the clinical quality measures. Practices will have the ability to compare state level reporting and state benchmarking against their aggregated peers across the state.

Of the 21 pilot group, five have agreed to do a deep dive in validating the measures using their EHR data and billing data. Overall agreement was positive; however, there was a small handful of measures that were of concern and we have gone back for a deeper dive to understand the disconnects.

The May release included Highmark Commercial, United and Medicaid. In the September release, we hope to bring AETNA in as an additional participating payer.

II. Planned Activities Update

Grant Update

Two of the major activities we continue working on are the ONC Grant that DHIN has received, as well as the technology components of the State Health Innovation Plan which was received by the Health Care Commission. Though they are two different grants, both support the State Health Innovation Plan.

DHIN's goal is to stand up a state-wide patient portal that will give patients the ability to access their health data from one log-in.

1. For organizations that currently have a patient portal, those patients will be able to access all of their data from one place. Reporting will be provided back to the provider stating access from an individual patient who performed a search and the provider will receive credit under the Meaningful Use Program for patient engagement.
2. For practices that do not have a portal, grant funding will be used to help set up a portal and brand it for each practice. Again, it will provide the patient with access to data sent by ALL DHIN data senders with a single login.
3. Patients visiting paper based practices still have data in the DHIN repository. A DHIN branded portal would be made available for those patients to access their health records.

We are in the process of gathering feedback from several sources and writing an RFP. We hope to have it out for bids by the end of this month. In addition to hospitals and DTI, we are receiving feedback from Gartner; all of which have been helpful in crafting the RFP, enabling the final document to be much stronger and the selection process easier.

DHIN is also working to bring both Behavioral Health and the Long Term Post-Acute communities into the digital ecosystem. Both communities were left out of the funding in the EHR Incentive Program. At a minimum, we would like to offer direct secure messaging; the ability to securely exchange protected health information point-to-point with another known and trusted recipient who is allowed to receive information under the HIPAA privacy rules.

Event Notification Service: The ability to notify a practice/organization that one of their patients has had an encounter in an emergency department, in-patient facility or walk-in clinic. Nearly half of all Delaware citizens are currently enrolled in ENS through their provider, home health agency or payer.

Analytics Platform: The common provider scorecard is the first iteration of an analytics tools. We have far more robust tools available that will be useful once we

start getting the care summaries into the analytics environment. As long as we have the

data, this will enable practices that cannot afford high cost analytics programs the ability to come to DHIN and use our tools. Analytic tools will allow hospitals/practices to use data in different ways. Our hope is to keep the cost of analytic tools affordable for small practices allowing them to remain independent.

Strategic Plan:

DHIN has engaged Gartner Consulting as our facilitator in developing our five year Strategic Plan. The work with Gartner has been intense and compressed; and we are very excited about the recommendations that have been made. Once our five year plan has been ratified by the Board of Directors and published, we invite you to review the comprehensive recommendations that will take DHIN to the next level and keep us on the cutting edge of healthcare.

The next Town Hall is scheduled for July 13, 2016 @ 11:00 a.m.

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