**Delaware Health Information Network**

**Town Hall**

**Wednesday, March 9, 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)

1. **CURRENT Activities Update**

Reminder: One of our key vendors will be undergoing a data center move this weekend. For a period of time, there will be a scheduled down time with some of our services. The community health record will continue to be available; however, delivery of new results will be delayed over the weekend and the delay may flow through to Monday.

The downtime has been scheduled for a lower activity period. Once the move has been completed the interfaces will be reactivated to get the data moving again. Project Managers are aware of this scheduled downtime.

**Upgrade**

DHIN continues working on issues with the software/data base conversion.

The system is currently stable but the level of system performance is not yet acceptable. The software patch which was tested did not go well and did not give us the performance we expected. When we compared the performance for the chart loads in our current production environment against the testing environment, the base line did not match. Medicity is currently working on identifying issues for the mismatch in the performance of the environment.

Medicity’s senior leadership will be on site March 23rd and 24th to discuss in detail the issues that have occurred over the course of the upgrade and outline expectations moving forward. Stakeholders and data senders are invited to meet with Medicity on site at 4:00 p.m. on March 23rd. For those not available to come onsite on March 23rd and 24th, please feel free to contact our office for the conference line information.

**Public Health**

CCHS and Beebe have moved into production with Public Health on Syndromic Surveillance and Electronic Lab Reporting. St. Francis and Bayhealth are in the process of changing EHR vendors and once completed will be sending their data to Public Health.

**Immunization**

DHIN currently has eighty-six practices in production which represents 18% of all organizations across the state sending immunizations updates electronically into the state registry.

**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 to both the birthing hospitals and ordering providers. Work paused for a period of time; and at the last legislative session, a statute was passed specifically addressing storage and access of NBS information along with a separate statute addressing genetic information, more broadly acknowledging storage in the EMR.

DHIN has identified several beta practices to prove out the ability to store the data into the community health record and deliver to the ordering providers. We are now waiting on direction from Public Health on how to operationalize legislative issues for sending and storing data through an HIE. Once we receive guidance, we will move forward.

**Data Senders**

Peninsula Regional, our 3rd out of state hospital went into production in mid-January.

DHINs first walk-in clinic, MedExpress, is submitting ADTs; and we continue to work on submitting CCDs which reflect the clinical details of the patient visit; however, issues with their vendor have slowed down progress.

In addition, DHIN has signed agreements with Newark Urgent Care facilities as a data sender. The data we receive from walk-in clinics is important in addressing fragmentation of care and will help populate the community health record.

DHIN continues to actively work onboarding CNMRI, a new imaging group which will be sending results through DHIN. We anticipate going live in mid-April.

In May 2016, DHIN will be adding D.C. hospitals to a group of Maryland hospitals currently sending us ADTs of patients who reside in Delaware.

**II. Planned Activities Update**

**Grants**

DHIN has received an ONC Grant that will allow us to advance shared technical components of the State Health Innovation Plan. DHIN is working with four target groups:

Behavioral Health and Long Term Post-Acute Communities: DHIN is working to establish both communities with Direct Secure Messaging. We currently have signed agreements with six organizations and will be standing up a provider directory for new users to find exchange partners in sending and receiving secure messages.

In addition, we are offering LTPAC a transform tool which will allow data that has already been submitted to CMS and extract data elements to generate a care summary in standard CCDA format allowing us to incorporate the data into the community health record.

Consumers: DHINs 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. DHIN is currently refining the RFP and anticipate circulation to key stakeholders later this month to support three scenarios:

1. For organizations that currently have a patient portal, DHIN wants to

integrate the community health record on the back-end, and feed data from all data senders when a patient queries the hospital or practices portal. 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 was searched and the provider will receive credit under the Meaningful Use Program.

2. For practices that do not have a portal, we can use grant funding to help set up a patient portal and brand it for each practice. Again, it will provide the patient with access to data sent by ALL 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 from anyone that has contributed data.

DHIN has been working on writing an RFP; and as we near completion, we will be soliciting review from key stakeholders to ensure all requirements are being met.

Eligible Professionals:

1. Event Notification System: Expand the number of practices that subscribe to

ENS allowing real time notifications back to the primary provider when their patient has a transition in care. As we get emergency visits from LTPAC, we will be able to add notifications when patients have been admitted/discharged, providing a full view of the continuum of care to the assigned provider. There are currently 319 providers actively receiving notifications on a daily basis and an additional 14 more have signed agreements for implementation.

1. CCDA Exchange: Send an automated CCD at the conclusion of each ambulatory

encounter into the community health record. Currently, 134 eligible professionals are actively sending care summaries and over 200 more have signed agreements.

DHIN continues working with Medicity to allow CCDAs to be visible in the community health record and queried using IHE.XDS.b query and retrieve profile. We currently have approximately 100,000 in the document repository.

1. Analytic Capabilities: Payers agree that a significant portion of their value based contracts (with the provider) will be based on the performance against a common set of clinical quality measures that will be used across the state by all providers.

The first step overlaps with the State Innovation Model Grant and the Common Provider Scorecard. Both legal agreements and attribution data have been included.

The scorecard displays protected health information. Part of the next version will be working with our vendor on pricing. We will be piloting Version 2 with the original twenty-one practices and then roll out state-wide.

DHIN wants to provide a shared technology tool that cost can be distributed broadly and still have small practices remain independent. The common provider scorecard will provide expanded analytics capabilities to practices as we get CCDs.

DCHI convened a working group to discuss the potential of an all payers claim data base; findings will be reported this afternoon at the DCHI meeting. Twenty states have already implemented an all payers data base; however, it is not a one size fits all endeavor.

**Strategic Planning:**

DHIN has contracted with Gartner Consulting to facilitate our five year strategic planning session. We have been reaching out to solicit input from our stakeholders as part of the planning process. DHIN exists to serve Delawareans and it is important to hear what you have to say.

DHIN will solicit input from stakeholders as part of the work. We exist to serve you and it is important to hear what you need to say.

**II. Comments:**

**C:** Marie Ruddy, Nemours: It is a wonderful accomplishment that MedExpress locations are live with ADTs. Are the ADT encounters showing in the community health record?

**A:** Yes, the ADTs are seen in the community health record.

**The next Town Hall is scheduled for April 13 @ 11:00 a.m.**

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