

Delaware Health Information Network
Town Hall
Wednesday, March 8, 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 in sharing immunization reporting through DHINs web service.

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. Phase II is the combination of the early hearing detection and metabolic screening for testing of genetic conditions. The combined hearing and metabolic test results will be made available electronically to both the birthing hospital and pediatrician. DHIN is ready to go into production; however, there is a delay due to the statute authorizing the collection and storage of genetic data being stored electronically. Public Health is creating a form to provide informed consent to the while parent allowing the opportunity to opt out.

Data Senders

DHIN has kicked off the project with Ambient Medical Care, a walk-in-clinic in Sussex County.

DHIN currently receives data from MedExpress; however, we have signed an agreement to update their interfaces as they move to a new vendor. MedExpress is on the border of the eastern shore; this would allow DHIN to receive data from Delaware residents seen at a MedExpress facility outside of our borders which will enhance the community health record.

DHIN has also executed an agreement with Natera, a genetic testing lab and we are in the process of framing out the project plan.

DHIN has moved Medical Diagnostic Laboratories into cert testing; bringing DHIN in lab data from a five state region to include Delaware, New Jersey, Pennsylvania, New York and Maryland.

In addition, we have also signed an agreement with MDLIVE who will be sending ADTs and care summaries of Telehealth encounters into the community health record; giving DHIN the ability to alert subscribers that one of their patients has had an encounter.

II. PLANNED Activities Update

Grants

Interstate Exchange

Under the supplemental grant that DHIN received, we are focusing on increasing the volume of interstate exchange of ADT data. ADTs drive our ability to provide Event Notification enabling DHIN to notify a health plan/provider who subscribes, that one of their patients has had an encounter representing a transition of care.

Since 2013, DHIN has been exchanging data with Maryland based on the state residence of the patient.

Maryland provides the infrastructure to D.C. hospitals for their ADTs; with our relationship with CRISP (Maryland's HIE); DHIN was able to add D.C. hospitals. We are currently receiving approximately 1,500 encounters per month of Delaware residents seen in D.C. hospitals/emergency room departments.

CRISP is also a contracted with West Virginia to provide the infrastructure for their HIE. DHIN has executed a similar agreement with West Virginia for Delaware residents seen in a West Virginia hospital/emergency room department and vice versa.

DHIN has also executed an agreement with Health Share Exchange (HSX), the HIE which covers the five counties of south eastern Pennsylvania. DHIN will exchange ADT data with HSX based on the resident of the patient and a record of active clinical relationship with the patient. Based on the traffic across both state borders, DHIN believes this will be valuable additional source of data.

In addition, we are in active negotiations with Utah and Florida to increase the volume of ADTs across state lines. Utah also has a relationship with Colorado and Arizona which will add valuable data.

Other grant work includes several target populations that were left out of the EHR Incentive Program. Our initial goal was to bring Long Term Post-Acute Communities and Behavioral Health organizations into the digital ecosystem. Along with other grantees, we have found this much more challenging than anticipated.

ONC has approved a scope change for the grant allowing us to lower our targets for the number of LTPAC that we expected to sign up for Direct Secure Messaging and CCD exchange. DHIN will continue to reach out to both organizations, which is a metric that ONC will be evaluating.

We have also set new targets to expand enrollment of home health agencies. DHIN currently has all skilled nursing facilities as users of the community health record and 83% of home health agencies.

In addition, we want to expand the chart views by the LTPAC community; engage them in a meaningful way and make progress moving forward.

DHIN has executed an agreement with Genesis for their six nursing homes to send us CCDs. Transitions to the post-acute setting are very important to the ACOs; they want to know when one of their members has encountered a transition of care. Data from Genesis and other nursing homes enables DHIN to use the data to fuel the Event Notification System.

DHIN has also been working on a Provider Directory to enhance Direct Secure Messaging; giving providers an address to communicate. Phase 1 was a basic spread sheet; and Phase 2 is web-based and available now. DHIN is currently working on Phase 3 which will raise our standards to meet the proposed Meaningful Use Stage 3 Objectives to make the Provider Directory queryable.

Consumers

We have begun an advertising campaign educating consumers about DHIN. Our first informational ad was viewed during the Super Bowl Pre-Game in northern Delaware and during the Super Bowl in Sussex County and will continue to run for ten months on Comcast Channels. Additional ads will include billboards, print and radio spots all of which will be grant funded.

DHIN has launched a testing of our PHR to *Family and Friends*. Once testing is completed, we will be launching state-wide to consumers. Anyone interested in participating should reach out to Lynn.Misener@dhin.org.

For hospitals and practices that have a portal, DHIN is offering the ability 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.

Another consumer facing tool that we are working on is Health Check Alert which is a companion to the patient portal. Health Check Alert is both an Event Notification Service for consumers and fraud detection for payers. Based on the ADTs and clinical data we receive, DHIN will provide a text message to the patient that a lab result was received or that someone has accessed their information in the community health record. In addition, a feature will also be added that if the patient did not have lab work completed, a message will be sent to the payer notifying them of a possible fraudulent claim and the payer will be able to investigate before the claim hits their system.

DHIN has an agreement to pilot Health Check Alert with the Medicaid population in Delaware. We are also in active discussions with Missouri Medicaid and are in the final stages of negotiations.

DHIN is working with the Delaware Academy of Medicine in leading the implementation of DMOST (Delaware Medical Orders for Scope of Treatment), which translates a patient's end of life wishes that can be accessed through the community health record. DHIN is in the process of evaluating technical vendors for the most cost effective approach.

DHIN is also working on three major initiatives for the Eligible Professionals and Ambulatory Providers:

1. Event Notification System (ENS): To provide notification to the provider when one of their patients has been seen in a hospital/walk-in clinic/emergency room.
2. Increasing the exchange of care summaries at the conclusion of each encounter. DHIN currently has 104 practices (13%) sending care summaries into the community health record; totaling nearly 1M.
3. Analytics Platform: Phase 1 was the common provider scorecard which was developed and funded under the SIMs Grant with the Delaware Health Care Commission. The Provider Scorecard has been in place for two years; we were about to complete Release 4 of Version 2 and the Health Care Commission requested that we delay the release due to the timing and approval from CMMI. However, the operational plan has now been approved; grant funds are unrestricted and we are ready to move forward.

DHIN is also moving towards deeper analytic capabilities. We are working with a vendor on issues with data quality as we want to ensure that the reports are meaningful and actionable.

We have begun work on the Healthcare Claims Data Base; DHIN has contracted with Freedman Consulting to assist in writing the RFP for vendor selection, developing a staffing plan and skill set to support the Claims Data Base going forward.

FY17

HITRUST Certification

DHIN has been working on the application process for HITRUST certification; however, midstream HITRUST came out with a new version of requirements that we need to follow. These additional requirements have kept us moving fast as we stay on track. We expect to complete our work with the HITRUST validator by the end of March and hope to have the results by the end of June.

Staff

DHIN will be hiring four additional staff members.

The DHIN staff has gone through the ITIL Foundation Certification class. We are currently mapping out the additional levels of training of the ITIL Framework for best practices.

Technology

DHIN is making good progress on the technology refresh ensuring we are lean, modular and responsive.

III.

Comments

C: Consumer three targets – personal interest – how to release data for consumer – done in such a way from consumer and our end – allowing us to release on certain periods – release in trunks

Q: Marie Ruddy: Nemours: We are thrilled to hear about HSX! Will the criteria be based on residency?

A: Based on their agreements, HSX was not willing to use geography as the sole criteria for sending ADTs. DHIN can only use the data that is sent for the Event Notification Service and it cannot be placed in the community health record. HSX will only send the ADT if a patient already has an active clinical relationship with someone who has subscribed to ENS.

Next Town Hall is scheduled for April 26th @ 12:00 p.m.

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