

Delaware Health Information Network
Town Hall
Wednesday, February 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 on Immunization Reporting, Syndromic Surveillance, Electronic Lab Reporting. Unexpected issues with Newborn Screening have kept us in testing mode.

Data Senders

Newark Emergency Services, our sixth walk-in clinic, is sending ADTs, allowing us to populate our notification system which in turn provides information to the providers when one of their patients has been seen. In addition, we continue working with Newark Emergency to send DHIN actual summaries of the walk-in visit.

DHIN has executed agreements with Ambient Medical Care, a walk-in clinic in Sussex County; Medical Diagnostic Labs which will be sending data from a five state region in the Mid-Atlantic; and Natera, a genetic testing lab.

In addition, we have also signed an agreement with MDLIVE who will be sending ADTs and care summaries of Telehealth visits into the community health record.

DHIN continues negotiations with American Well to ensure data from any CCHS Telehealth encounters are going into the community health record.

II. Planned Activities Update

Grants

Interstate Exchange

The supplemental grant that DHIN received focuses on increasing the exchange of ADT data across state boundaries. We have recently gone into production with three new hospitals in Maryland that are now sending ADTs on Delaware residents.

Maryland also provides the infrastructure for D.C. and West Virginia exchanges. DHIN is currently receiving approximately twelve to fifteen hundred ADTs per month on Delaware patients from the D.C. hospitals.

We are in the process of negotiating a contract with West Virginia to receive data on Delaware residents seen at the area hospitals/emergency departments.

DHIN continues negotiations with Health Share Exchange (HSX) which serves the five southeastern counties of Pennsylvania; in addition, to Utah and Florida.

We have had a kick-off with NJSHINE the HIE of southern New Jersey and will be receiving ADTs on Delaware residents seen in a New Jersey hospital and vice versa.

Other grant work includes several target populations and a few problematic goals that we are working through with ONC.

Our intention was to bring LTPAC and Behavioral Health organizations into the digital eco system. The process has been extremely slow in engaging both organizations; therefore, we are working with ONC on a change in the scope of our grant.

DHIN has implemented phase two of the Provider Directory which is intended to make Direct Secure Messaging more accessible and useful to both LTPAC and Behavioral Health organizations that have subscribed; with the introduction of the web-based Provider Directory we hope to get more traction from these organizations.

Consumers:

DHIN recently sponsored an informational ad during the Super Bowl Pre-Game in northern Delaware and during the Super Bowl in Sussex County. The ad was an informational introduction to DHIN and is the first step in our consumer marketing campaign which includes a call to action for adoption of the patient portal/Personal Health Record (PHR).

Going forward, the ad will run on various Comcast channels for the next ten months. Additional advertisements will include billboards, print and radio spots all of which will be grant funded.

A soft launch of the PHR is in testing with DHIN staff and we are working on any issues that have been identified. The next step will be to open the testing to family and friends before launching state-wide to consumers. Anyone interested in participating, should reach out to Lynn.Misener@dhin.org.

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.

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 is also working with the Delaware Academy of Medicine in leading the implementation of the statute to establish a DMOST Registry (Delaware Medical Orders for Scope of Treatment) using grant funds for the implementation and initial start-up.

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

1. Event Notification System (ENS): To provide notification 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 over 120,000 CCD s from 104 different practices in the community health record.
3. Analytics Platform: Using the common provider scorecard which was developed and funded under the SIMs Grant. Payers have agreed on a common set of measures to be used in their value based payment. We have exceeded our goal in the number of providers that have enrolled; however, the number of providers that are actually viewing the scorecard is not at the level we hoped for. The data is refreshed on a quarterly basis; the next update will be in February.

DHIN is also working with DCHI on how to market the use and value of the scorecard. DHIN is also working with several hospitals to stand up a reporting service. We have received feedback for reports that would be valuable, meaningful and useful and we are working with the hospitals, ACOs and our vendor to obtain data useable for that purpose.

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. Freedman has worked with sixteen other states to stand up an all payers claim data base.

The first deliverable under this contract will be input on the technical requirements on file formats, content of claims files and it will be May/June timeframe before the regulation is published.

HITRUST Certification

DHIN is responding to the feedback from Blueprint and will submit the final application for certification by the end of March 2017.

FY17

DHIN continues working on the FY17 portion of our five year Strategic Plan:

- **Hiring New Staff with Additional Skill Sets:** A total of four new hires; two have been hired; one is in the final stages of interviewing; the fourth position will be for a Chief Innovation Officer/Chief Architect, someone with deep technical knowledge of existing and emerging standards for Health IT and Information Exchange.
- **Staff Development:** All DHIN staff will be ITIL Certified (A Framework of Best Practices); 17 of our 28 employees have been certified in ITIL Foundations. The remaining staff members are scheduled for the ITIL class in March.

DHINs management team recently completed a two day off-site session into a deeper dive into the ITIL framework to deliberate on how we will do an implementation of these best practices on a small organizational scale.

- Begin Technology Refresh: DHIN has been contracted with Medicity since 2005 with several contract extensions. It is now time to review our contract and we are not looking for a single vendor solution. DHIN has been evaluating how we can move to a vendor(s) while maintaining on-going operations without risking continued service. DHIN is breaking down activities in components, controlling the data and data flow, storage and access to data, matching identities across the data, tools to deliver the data and a front end application for accessing and organizing the data for a particular user group.

Within the next few months we should be receiving all of our historical data into an environment where we can control it. We have spent several years methodically re-pointing the interfaces to go through Mirth before reaching Medicity. Our pilot of Mirth Results has been very successful; DHIN will be upgrading hardware, contracting with Mirth, and creating a project plan to replace all EMR interfaces from Medicity to practice EMRs by the time our current contract with Medicity ends on June 30, 2018.

- Data Repository Supporting the Patient Portal
- Amazon Cloud (Grant Funded)

III. Comments

Q: Mary Marinari, DMMA: When will DHIN have their qualified clinical data registry certification?

A: At this time, DHIN does not have the time frame mapped out. The early work will be determining if we are actually able to do quality measure calculations from the CCDs that providers are sending us.

Announcement: The Medicaid EHR Incentive Payment Program Portal is open for 2016. The first year will be adopt, implement and upgrade applications along with Meaningful Use applications. This will be the last year that a provider can join for the first time. We will reach out to our bigger provider groups to have them remind new providers to attest.

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