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Letter from DHIN’s CEO

Fiscal Year 2016 was one of the most significant years in the nine-year history of the Delaware Health Information Network (DHIN). We often use the analogy that DHIN is like the post office delivering clinical results and a library storing clinical results for future retrieval. We still perform these functions, but have begun to take on much broader roles in bridging remaining gaps in information exchange and making the data useful beyond our flagship services of clinical results delivery and the Community Health Record.

As one of twelve recipients of a substantial two-year grant from the Office of the National Coordinator (ONC) for Health IT, Department of Health and Human Services, we spent much of FY 2016 on model projects to accelerate health information exchange across new constituencies, including long-term and post-acute care settings, behavioral health, consumers/patients and the biomedical research community. Grant funding enabled DHIN to accelerate the engagement of ambulatory practices to send data, as well as use data in the Community Health Record, and to launch analytic tools to support the population health needs of hospitals and Accountable Care Organizations.

We expanded our regional reach through a data sharing agreement with Southern New Jersey’s health information exchange, NJSHINE. We filed a patent for a health insurance fraud detection tool. We developed a new five-year strategic business and technology plan that will help protect DHIN’s role as an indispensable asset for Delawareans and the professional community supporting their care. We did all this while executing a major software upgrade and database conversion of the Community Health Record.

On behalf of our Board of Directors and the entire staff, we thank our stakeholders, funders, partners and customers for your unwavering support. Please enjoy this FY 2016 annual report.

Sincerely,

Dr. Jan Lee, CEO
MISSION

We serve providers and consumers of care through innovative solutions that make health data useful.

VISION

The relied upon, highly trusted information hub of the health ecosystem . . . in which all participants both contribute and receive value . . . fueling a robust Learning Health System.

VALUES

• Embrace the challenge
• Be accountable
• Work together
A major software upgrade of DHIN’s Community Health Record was completed in FY 2016, culminating two years of planning and testing.

This highly complex and challenging upgrade, which also required a conversion of more than 65 million records for over two million unique patients dating back to 2007, was successfully completed with extensive involvement of the DHIN participating hospitals, labs, imaging centers and Delaware’s Division of Public Health.

This new version of the Community Health Record features, among other things, a clean, uncluttered look and feel, more intuitive navigation and access to critical patient information with fewer clicks. It also contains new features and functions intended to support current and anticipated future requirements of the Electronic Health Record (EHR) Incentive Program, also known as “Meaningful Use” and the new Merit Based Incentive Payment System (MIPS) for Medicare providers.

To see a video of the new Community Health Record software:
https://www.youtube.com/watch?v=XXsv5ekosl0

Bridging Health Information Gaps

Two major federal grants supported DHIN’s work and contributions to the execution of the State Health Innovation Plan in FY 2016.

Successfully Executing Grants

DHIN received $3.37 million in a major two-year grant and supplemental award from the Office of the National Coordinator for Health IT, Department of Health and Human Services, (ONC). Goals of the grant include advancing the adoption of information technology, the actual exchange of health data, and the interoperable use of that data to include target groups not eligible for Meaningful Use, as well as those who were eligible.

DHIN was also contracted by the Health Care Commission under its State Innovation Models (SIM) testing grant to develop, implement and iteratively improve a Common Provider Scorecard for use by all payers in their value-based provider contracts. DHIN also worked with key stakeholders on legislative language to stand up a Health Care Claims Database, a key SIM initiative.
Increasing Data Exchange Capabilities for Healthcare Professionals

Care Summary Documents

DHIN worked with practices and EHR vendors to enable the automatic creation of a care summary (CCD) and transmission of that summary to DHIN at the completion of each ambulatory encounter. This exchange improves the ability of healthcare professionals to find and use clinical data from sources outside their organization, which is particularly valuable during transitions of care.

At close of FY 2016, 66 practices were sending care summaries, and more than 266,000 care summaries have been made available in the Community Health Record.

Secure Messaging

“Direct” Secure Messaging is a HIPAA-compliant data transport standard which provides a low cost solution for secure, encrypted consultations, referrals, care summary exchange and other point-to-point exchange of information between individuals or organizations.

Many providers receive this service directly from their EHR vendor, but DHIN offers it for those who do not already have access to it from other sources. At close of FY 2016, 27 healthcare provider practices had subscribed to this service through DHIN.
Event Notification Service

DHIN is playing a critical role in supporting transitions in care. The Event Notification Service (ENS) provides automated electronic notifications to healthcare providers, payers and Accountable Care Organizations (ACOs) when a patient has been admitted, discharged or transferred from a participating hospital, walk-in clinic or emergency department.

Ensuring Delaware physicians have the critical information they need at their fingertips

ENS helps ensure that subscribing providers are aware of these important transitions in care and provide timely follow-up. One ACO noted that across a year using DHIN’s ENS, their hospital readmission rates declined by 9% while national hospital readmission rates increased by 12%. They also noted an annualized reduction in emergency room visits of 6%. Forty-nine percent of Delaware residents are covered by a health plan using this service for purposes of outreach and care coordination. Approximately 17% of Delaware’s ambulatory healthcare providers have also subscribed to this service for purposes of care coordination and transitional care management. Beginning from a baseline measurement of 150 practices, DHIN has exceeded its grant goal of 475 practices.

Data Senders

The number of data senders and types of information sent through DHIN continued to increase in FY 2016. The type of information sent includes general laboratory results, microbiology and pathology results, radiology images, transcriptions and admission, discharge and transfer (ADT) summaries. Data senders include 100% of all acute care hospitals in the state of Delaware, all or
The Medical Society of Delaware has long supported the DHIN and recognizes the critical importance of health information exchange as a foundation to high quality and coordinated care. Ensuring that Delaware physicians have the critical information they need at their fingertips and enabling them to coordinate care across providers is a critical step toward supporting positive health outcomes and healthier Delawareans – a goal we are all working toward.

Mark Meister
Executive Director
Medical Society of Delaware

nearly all labs and imaging centers, urgent care centers and walk-in clinics, a growing number of ambulatory practitioners and two out-of-state health information exchanges. Every year over 14 million results and reports are transmitted through DHIN, helping medical professionals provide better care, more efficiently and at markedly lower cost than previous methods.

Out-of-State Expansion
Peninsula Regional Medical Center of Maryland went live in January 2016 sending all supported data types through DHIN.

In an exchange agreement with CRISP, the state health information exchange for our neighboring state of Maryland, 44 Maryland acute care hospitals began two years ago sending to DHIN ADTs generated by them on Delaware residents seen in their facilities. This fiscal year, six District of Columbia hospitals also began sending ADTs on Delaware residents to DHIN. In return, DHIN sends the same information for District of Columbia and Maryland residents to CRISP, which also includes providers in Washington, D.C. as well as Maryland.

To date, the DHIN and CRISP connection exchanges about 400,000 ADTs annually on patients from both states.

Growing the regional footprint with the addition of Maryland and DC data senders

ACOs and others involved in managed care have a critical need to know where their patients go for care. Delaware providers subscribing to DHIN’s ENS receive an encounter alert for those patients, informing them of network “leakage” and ensuring their ability to provide timely follow up, even after an out-of-state encounter.
Long Term and Post-Acute Care and Behavioral Health Communities

DHIN is working to promote active use of the Community Health Record as well as new communication tools and services to behavioral health (BH), skilled nursing facilities, home health and other long-term post-acute care (LTPAC) communities. These audiences were not eligible for funding under the Electronic Health Record Incentive Program of 2010 and, as a result, do not yet have a high adoption rate of health IT services. The ONC grant supports activities to increase that rate of adoption and information exchange.

Improving transitions of care

For organizations with minimal current adoption of health IT, DHIN offers a secure messaging service (described on page 7), and has begun development of a provider directory to facilitate the ability to find and direct secure messages to other healthcare professionals. At the end of the fiscal year, 19 BH and LTPAC organizations were subscribed to DHIN’s Secure Messaging.

A second LTPAC-focused grant funded activity is the implementation of a Transformation Tool that allows state nursing and home health organizations to extract data from web forms they already submit to CMS for Medicare patients and use that data to contribute care summaries into the Community Health Record (CHR). This expands the data available in the CHR and will also trigger event notifications to practices participating in DHIN’s Event Notification Service, helping to promote better transitions of care.

Consumer Engagement

Consumers/patients are another target group under DHIN’s grant, as well as under the State Innovation Models grant. DHIN is using grant funds to implement a state wide personal health record (PHR)/patient portal.

![Graphs showing BH Secure Messaging, LTPAC Secure Messaging, and LTPAC CCD usage](graphs.png)
The goal of this initiative is to better connect patients with their health information and engage them as active participants in their own health. DHIN has selected a vendor to develop this portal, from which patients will be able to access their health data from one location – one log-in ID and password – to view all their information in the Community Health Record. The portal will accommodate three different scenarios:

- Practices and hospitals already offering a portal to their patients will have the option to include data from the DHIN data repository in their feeds, creating a “one-stop shopping” experience for their patients.
- Practices who choose to use DHIN’s portal can brand it with their logo and contact information.
- Paper-based practices may offer the DHIN portal to their patients, giving them access to electronic results ordered by providers across their care team.

With consumers as active participants in their care, outcomes are expected to improve and costs are expected to drop.

**Engaging consumers for better outcomes and lower costs**

**Mobile Messaging Patent**

Earlier this year DHIN filed a patent for a consumer tool that may also help fight healthcare insurance fraud. DHIN has partnered with mPulse Mobile to develop a customized two-way mobile messaging solution to connect consumers more deeply with their personal health information. The mobile messages will alert consumers when medical results have been delivered to their care provider team, and when their medical records have been accessed by third-party partners. A pilot of this new and innovative service is set to launch in FY 2017.
Divison of Public Health

There has been a significant increase in data sent to the Division of Public Health (DPH) this year and a 22% increase in Community Health Record patient chart views by the DPH in Calendar Year 2016.

Supporting the State Agencies

Newborn Screening

Phase I of this initiative was getting all birthing hospitals to send newborn hearing screening to Public Health electronically. Currently five of the six Delaware health systems do so, with the sixth scheduled to onboard in FY 2017.

With the passing of legislation addressing storage and access of newborn screening and genetic information, the next phase can be implemented. Under Phase II, DPH will combine the hearing testing and metabolic screening (the “heel stick” tests) into one report and send it back to DHIN for delivery to the birthing hospitals and ordering provider, as well for storage in the Community Health Record.

Immunization Reporting

The number of practices (currently 147) submitting immunization data to Public Health continues to grow, with a 137% year over year increase in electronic immunization reporting.

Syndromic Surveillance

To help track disease incidence and potential outbreaks of communicable diseases, hospitals and emergency departments submit data electronically through DHIN to DPH. In the fall of 2015 three more health systems, Union Hospital (a Maryland border hospital), Christiana Care Health System and Beebe Healthcare, began to submit this data electronically. There has been a 108% year over year increase in syndromic surveillance and electronic lab result reporting.
"Connecting Delaware’s nursing homes with DHIN is a critical milestone and a key component to eliminating medication errors. By enabling access to discharge summaries and other information, we can ensure seamless transitions of care for residents in these facilities. We want to ensure the right care, at the right time, at the right place, whether for those in our skilled nursing facilities, our Medicaid recipients or others in the state’s care, and we want to provide these positive outcomes in the most cost-effective manner possible."

Rita Landgraf, Secretary of Delaware Health and Social Services
Analytics Tools

As the Community Health Record and related services continue to expand both in numbers of participants and types of information available, such as the care summaries, DHIN offers analytical tools and services which enable organizations to better understand patterns within the data, both for continuous improvement of their own organizations efficiency and for population health management.

Common Provider Scorecard

The Common Provider Scorecard, a key component of the State Health Innovation Plan, is the first service offered on DHIN’s analytics platform. The major payers in the Delaware market have agreed on a common set of clinical quality, utilization and cost metrics as the basis of a significant portion of their payment to practices under value-based contracts. The payers send the performance data to DHIN for participating practices, and DHIN provides a platform on which these metrics can be displayed for each practice, stratified by payer and plan as well as aggregated across the entire practice, and benchmarked against peer performance across the entire state.

Version 1 of the scorecard was released in the fall of 2015 to 21 pilot practices. Based on feedback, Version 2 contains additional functionality and updated clinical quality measures. This updated version was released to these same pilot practices in May of 2016, with additional quarterly releases planned. Carriers submitting data include Highmark, United Health Care, and Aetna for Medicaid, State Employee and commercial Qualified Health Plans.
**Data as a Service**

The Clinical Gateway is one of DHIN’s premier population health management tools and helps promote better care coordination for at-risk patient segments.

**Partnering with hospitals, insurance companies and ACOs monitor at-risk populations and advance medical research**

The tool enables healthcare teams to set-up a watch list of patients of interest and have any data DHIN receives on those patients sent to that organization for manipulation using their own analytics platform and tools. This service was developed in partnership with Christiana Care Health System to address care of patients with specific high cost, problem prone chronic conditions and to ensure that data gaps did not lead to care gaps.

In FY 2016 the use of the tool expanded from just Christiana Care Health System to multiple hospitals and ACOs. It is now being used to populate and refine predictive analytics algorithms to better identify patients at risk for readmission or a negative outcome and enable earlier and more intensive intervention.

**Reporting as a Service**

DHIN now offers a subscription reporting service leveraging our own analytics platform and the data in our repository. Subscribing organizations may receive a standard set of reports at regular intervals or request custom reports on an ad hoc basis.

**Analytics as a Service**

Organizations with appropriately trained resources can access their own data on DHIN’s analytics platform under DHIN’s licensing agreement to conduct their own queries. This capability enables small organizations, particularly, to view, manipulate and gain insights from their data at a fraction of the cost of investing in their own platform.

**Union Hospital and DHIN Partnership Expands to Support Medical Research**

Union Hospital became the first member to take part in DHIN’s clinical specimen location service, helping to accelerate biomedical research. With (and only with) patient consent, remnant clinical specimens – samples that would otherwise be discarded once patient testing is complete – can be located and made available to researchers under approved IRB protocols. The healthcare information associated with these remnants is de-identified before being sent to research customers. The cost of participation in DHIN as a data sender is defrayed by fees researchers pay for access to these clinical specimens.

“**Bringing our state-of-the-art technology to DHIN represents our first foray outside of a hospital, lab, or biobank. What’s really great is that by leveraging an HIE as the data aggregator, we’re making it easier for healthcare organizations to become part of the iSpecimen network by virtually eliminating their need to do any IT implementation. Requiring virtually no startup resources on the hospital or lab’s part, we can turn their specimen waste into valuable research material and make it visible to the scientific community.**”

Christopher Ianelli, MD, PhD
CEO, iSpecimen
Adding New Services

DHIN continues to add new services that are valued by our customers. The newer services have all experienced significant year over year growth.

- ENS: 329% (103 subscribers)
- Care Summaries: 161% (128 sending providers)
- Image Sharing: 50% growth in average unique users per month (57)
- Medication History: 5% growth (133 subscribers)
Summary and Future Directions

FY 2012 though FY 2016 Business Plan Fully and Successfully Executed

<table>
<thead>
<tr>
<th>FY 2012</th>
<th>FY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 of 6 DE hospitals enrolled</td>
<td>All DE hospitals + 3 MD hospitals</td>
</tr>
<tr>
<td>80% providers enrolled</td>
<td>Provider enrollment exceeds # practicing in DE</td>
</tr>
<tr>
<td>42% practices were signed off</td>
<td>98% of practices are signed off</td>
</tr>
<tr>
<td>Data senders were 4 hospitals and 3 labs</td>
<td>25 Data senders, include 9 hospitals, all commercial labs, DPH lab, &gt;95% of imaging groups, neighboring state HIE</td>
</tr>
<tr>
<td>Certified interface from DHIN to 2 EHRs</td>
<td>Certified interfaces to 26 EHRs</td>
</tr>
<tr>
<td>DPH was the only participating state agency</td>
<td>State agencies incl. DPH, DOC, DLTCRP, Adult Protective Services, and more</td>
</tr>
<tr>
<td>Zero financial support from payers</td>
<td>49% of DE residents are covered by a health plan supporting DHIN financially</td>
</tr>
<tr>
<td>Users of CHR were almost exclusively ambulatory practices</td>
<td>Users of CHR include 100% of SNF, 100% of school based clinics, 82% of urgent care facilities, more</td>
</tr>
<tr>
<td>Tenuous financial position</td>
<td>Stable financially; reduced data sender fees by 10% in FY16</td>
</tr>
<tr>
<td>Stage 5 on HIE Maturity Model</td>
<td>Stage 7 on HIE Maturity Model</td>
</tr>
<tr>
<td>4 services offered (results delivery, CHR, Syndromic Surveillance and ELR reporting to DPH)</td>
<td>16 services offered to State, payers, providers, hospitals, others</td>
</tr>
</tbody>
</table>

Strategic Planning

With the successful implementation of our FY 2012 through FY 2016 business plan, DHIN has embarked upon a new five-year strategic plan to build on our legacy of success and ensure that DHIN evolves in accordance with the changing healthcare needs of the Delaware health ecosystem. Facilitated by Gartner, a world-renowned technology consulting firm, our new five-year plan includes a roadmap for updating our technology infrastructure, staffing and new products and services, as well as moving up the capabilities maturity model. DHIN’s forward-looking approach will protect the valued services that our stakeholders depend upon and focus our resources where they will produce the most value to the people and businesses of Delaware.
Statement of Financial Position
for the year ended June 30, 2016

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<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
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<tbody>
<tr>
<td><strong>ASSETS</strong></td>
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<tr>
<td>Unrestricted Cash</td>
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<td>Restricted Cash</td>
<td>334,715</td>
<td>697,011</td>
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<tr>
<td>Receivables</td>
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<tr>
<td>Trade</td>
<td>840,917</td>
<td>844,511</td>
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<tr>
<td>State</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Federal</td>
<td>0</td>
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<tr>
<td>Prepaid Expenses</td>
<td>0</td>
<td>375,542</td>
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<tr>
<td>Other Assets</td>
<td>6,979</td>
<td>29,112</td>
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<tr>
<td>Property and Equipment - Net</td>
<td>225,435</td>
<td>238,287</td>
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<td><strong>TOTAL ASSETS</strong></td>
<td>$6,057,822</td>
<td>$6,057,822</td>
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<tr>
<td><strong>LIABILITIES</strong></td>
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<tr>
<td>Accounts Payable</td>
<td>318,715</td>
<td>697,011</td>
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<tr>
<td>Accrued Expenses</td>
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<td>Deferred Income</td>
<td>3,600</td>
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<td><strong>TOTAL LIABILITIES</strong></td>
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<td>$776,021</td>
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<td><strong>NET ASSETS</strong></td>
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<td>Restricted</td>
<td>0</td>
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<tr>
<td>Unrestricted</td>
<td>5,719,507</td>
<td>7,259,696</td>
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<tr>
<td>Invested in Capital Assets, Net of Related Debt</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>$5,719,507</td>
<td>$8,035,717</td>
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<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$6,057,822</td>
<td>$6,057,822</td>
</tr>
</tbody>
</table>

1. Restricted Accounts Receivable includes payment due from a private payor for per member per month fees as well as receivables from DHIN’s data senders for results delivery services performed.
2. Accounts Payable represents payment due for the development of a clinical analytics platform, payment to Medicity for CCHS CMMI normalization work and year-end performance incentives for DHIN staff.
# Statement of Operations

*for the year ended June 30, 2016*

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td><strong>REVENUE</strong></td>
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<tr>
<td>Data Senders</td>
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<td>Payers</td>
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<td>Contributions</td>
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<td>1,000,000</td>
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<tr>
<td>Grants</td>
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<td>Providers</td>
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<td>Professional Services</td>
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<td>131,262</td>
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<tr>
<td>Professional Services</td>
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<td>Interest Income</td>
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<tr>
<td><strong>TOTAL REVENUE</strong></td>
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<td>$9,052,396</td>
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<tr>
<td><strong>EXPENSES</strong></td>
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<tr>
<td>Personnel</td>
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<td>2,642,099</td>
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<td>Administration</td>
<td>378,426</td>
<td>375,460</td>
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<td>Operations</td>
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<td>1,032,628</td>
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<td>Depreciation</td>
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<td>Contractual (Non-Technical)</td>
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<td>Marketing</td>
<td>128,029</td>
<td>148,424</td>
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<tr>
<td>Ongoing Licenses and Maintenance</td>
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<td>1,501,054</td>
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<td>New Functions</td>
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<td>375,611</td>
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<tr>
<td>New Functions Licensing and Maintenance</td>
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<td>75,797</td>
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<td>Technology Refresh</td>
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<td>22,733</td>
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<td><strong>TOTAL EXPENSES</strong></td>
<td>$6,177,667</td>
<td>$7,564,280</td>
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<tr>
<td><strong>NET INCOME</strong></td>
<td>$2,127,981</td>
<td>$1,488,116</td>
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</tbody>
</table>
Leadership and Staff

DHIN Executive Management

Jan Lee, MD, Chief Executive Officer
Mark Jacobs, MHA, Chief Information Officer
Randall J. Farmer, MS & MEd, Chief Operating Officer
Michael Sims, MBA, Chief Financial Officer
Richard Wadman, MPA, Senior Program Manager
Lynn Misener, Senior Project Manager
Lakeisha Moore, Director of Provider Relations
Jody Wilson, Network and Operations Manager

DHIN Staff

Lori Broome, Technical Support Specialist
Ali Charowsky, Executive Assistant
Andy Gillan, EHR Integration Project Analyst
Erica Hutchinson, Network and Operations Analyst
Michael MacDonald, Provider Relationship Manager
Garrett Murawski, Provider Relations Manager
Terri Lynn Palmer, Project Analyst
Cathy Paulish, Project Analyst
Michael Procak, Technical Support Specialist
Jason Ribolla, Technical Support Specialist
Michele Ribolla, Provider Relations Business Manager
Jamie Rocke, Senior Manager, Providers Relations Business
Patrick Schliesing, Project Analyst
Ed Seaton, Provider Relationship Manager
Brandy Strauss, Project Manager
Pier Straws, Health Informatics Data Analyst
Jonathan Val, Network & Operations Systems Analyst
Executive Officers

Randall Gaboriault*, Chair, Chief Information Officer, Christiana Care Health System
Stephen Lawless, MD, Vice-Chair, Vice President, Quality and Patient Safety, Nemours/Alfred I. duPont Hospital for Children
Meredith Stewart-Tweedie, Secretary, Chief Legal Counsel, Office of the Governor
Donna Goodman*, Treasurer, Vice President, Chief Financial Officer and Chief Operating Officer, Westside Family Healthcare

Board Members

Meaghan Brennan, Deputy Director, Budget Development, Planning, Delaware Office of Management and Budget
James L. Collins, Chief Information Officer, Delaware Department of Information & Technology
Stephen Groff, Director of Medicaid and Medical Assistance
Jeffrey E. Hawtof, MD, FAAFP, Vice President, Medical Operations and Informatics, Beebe Healthcare
A. Richard Heffron*, President, Delaware State Chamber of Commerce
Michael Hojnicki, Chief Customer Officer, Delaware Department of Information & Technology
Laura Howard, Executive Director, Delaware Department of Health and Social Services
William E. Kirk, III*, Esq.
Kathleen S. Matt, PhD, Dean, College of Health Services, University of Delaware and Executive Director, Delaware Health Sciences Alliance
Nathan Merriman, MD, MSCE, Gastroenterology Associates of Delaware
Kimberly Reinagel-Nietubicz, Senior Legislative Analyst, Delaware Office of the Controller Designee
Stephen Saville, JD, President & CEO, Medefis, Inc.
Gary Siegelman, MD, MSc, Senior Vice President, Chief Medical Officer, Bayhealth Medical Center
Terri Steinberg, MD, Chief Medical Information Officer, Christiana Care Health System
Thomas Trezise*, Trellist Ventures

* Executive Committee member
DHIN Participants and Stakeholders

Data Senders

Hospitals (100%)
- All DE acute care hospitals
- 3 border hospitals in MD

Laboratories (~100%)
- All major reference labs
- Public Health lab
- Several smaller independent labs, including 2 NJ based

Imaging Centers (~95%)
- All hospital based imaging centers
- Majority of free-standing

Neighboring State HIE (1)
- DHIN exchanges hospital and Emergency Department discharge information with Maryland’s HIE

Pharmacies (Immunization Update) - ~77%
Ambulatory Practices (CCD) - ~12%

Data Receivers/Users

Providers (98%)
- Plus providers in bordering states with affiliations in DE

FQHCs (100%)

Skilled Nursing Facilities (100%)

School Based Clinics (100%)

Urgent Care/Walk-In Facilities (82%)

Assisted Living (90%)

Home Health (59%)

Behavioral Health (40%)

State Agencies, including:
- State epidemiologists
- Immunization registry
- Cancer registry
- Department of Corrections

Health Plans (49% of DE residents covered by payers/plans supporting DHIN financially)

“Making key clinical information available to providers that was once fractured across hospitals is no longer an obstacle for the citizens of Delaware. With all hospitals and skilled nursing facilities connecting to the nation’s first statewide health information exchange, the Delaware Health Information Network, Delaware continues to be the First State, setting the standard for information and care integration.”

Randy Gaboriault
Chair of the Delaware Health Information Network
VP and CIO of Christiana Care Health System