

Delaware Health Information Network
Town Hall
Wednesday, October 3, 2018
11:00 p.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: CCHS

Mirth Results replacement for the Medicity grid has been completed; as noted in previous meetings this is a portion of Medicity's technology stack which is responsible for delivering results directly to the EMRs of subscribing practices. DHIN has been working throughout the year to transition practices off the Medicity interface and onto the Mirth Results interface which is directly managed by DHIN.

As the deadline approached, DHIN had fourteen practices that did not make the transition. One of the fourteen practices was CCHS; who unfortunately did not complete testing before the grid was decommissioned. DHIN/CCHS resources accelerated testing to restore services to the impacted practices. Testing was extensive; however, we are happy to announce that Phase I of Mirth Results has been completed.

Phase II will take us further as we have identified 224 result types that are currently not being delivered through EMR interfaces; Phase II will add any EMRs that want an interface to DHIN; in addition to going back and doing a rigorous Q/A of all practice planners. Practice planners give us written documentation of providers in each practice and what they do and do not want delivered to them. Entering this information into our system is a manual process and establishes business rules for delivery. As part of the Mirth Project, new practice planners will need to be completed for hundreds of practices and over a thousand providers. DHIN has seen

data entry errors on from both sides, DHIN staff and providers staff. Phase II will include a complete Q/A to verify the data is correct.

DHIN has had an unusual high number of SEV1 Incidents; and not all have had the same route cause. We have worked diligently to get to the bottom of each route cause and have completed the analysis.

DHIN looked back from early May 2018 through September 2018 to complete an analysis of all SEV1 Incidences and track them down to the root cause.

- 56% of all SEV1's had been on-going issues with the Medicity environment
- 14% were attributed to Mirth and found in the integration

DHIN brought in a third party to evaluate our Mirth environment. Several recommendations were made to include added hardware, RAM and CPU. We are also following up on a few additional recommendations including automation tools for early detection in avoiding future issues.

There was one major incident in July 2018 which was attributed to Microsoft; a flawed Microsoft service patch which impacted customers globally. The patch manifested in the Medicity environment causing major problems.

Additional incidents in August and September were attributed to human error by DHIN. The individuals involved are high performing employees. DHIN feels the correct way of addressing the situation is through training and potentially implementing automated tools to lower the risk of human error in the future.

DHIN has discontinued the Medicity grid, which is EMR delivery. The portion of Medicity that we are still relying on is the part that gives us the CHR, on-line clinical inbox and auto print; all of which is still a part of Medicity's NEXUS environment. Messages were timing out before they could be fully processed; however, increasing the time outs helped but only for a short period of time

We have been in contact with Medicity executives and indicated we cannot continue like this for the next six months. CCHS had one delivery router and Medicity broke it into four and each of the different message types will go to its own delivery preference router. The labs and radiology reports can channel through without getting stuck.

At this time, we are not sure of the impact or changes. At the end of September another incident involving Bayhealth happened; which did not allow getting into the

CHR in a timely way. Once Bayhealth issues were resolved; we then had another issues which involved both Bayhealth and Beebe getting their results.

It has been very clear that we continue to have problems in the Medicity infrastructure. We have been working with Medicity daily to find resolutions.

COMMENTS:

Q: Mary Marinari, Nemours: Does the functionality you have with Medicity that translate message s in chr. Are you moving to another engine?

A: DHIN is not staying with Medicity. DHIN is replacing the CHR and the clinical in box; we are working with Ai and anticipate a roll out of the new CHR in February 2019. The clinical inbox, which is the delivery portion, will be ready in March 2019. We do anticipate issues, but feel we are in a far better place as we make transition.

DMOST Registry:

DMOST the end of life medical orders will go-live in late December 2018. We will have continual training to on-board new users.

Healthcare Claims Data Base:

DHIN has received at least three years of historical data from all mandatory reporting entities that were named in the original legislation; Highmark, Aetna, United, Cigna, Humana, and Express Scripts; 2017 data from CVS Caremark, and five years of data from Medicare. A majority of the data has been validated and ready to use. Monthly submissions will begin in October 2018 and we should be receiving files from all payers every month.

We have not received files from Medicaid/DMMA; however, they are ready to go! The only thing holding us up is the executed Data Submission and Data Use Agreements. The standard DTI terms and conditions for Data Use were not compatible with the language in the statute and we have not heard back on the terms and conditions.

We have not received data from AmeriHealth, a new MCO under Medicaid contract; and have only recent data. AmeriHealth has not yet executed the Data Submission and Data Use Agreements.

At the last legislative session, SB231 contained language requiring all insurers of residents of Delaware to submit data to the Claims Data Base. Conversations with AETNA regarding the additional volume of approximately 10,000 members which will be added to what we are currently receiving.

As part of the Appropriation Bill which provided DHIN with seed funding there is an expectation that we will have useable data sets by the end of October 2018.

DHIN is already receiving request from other entities for access to the data for research. Though we are not quite ready to make it available.

HCCD Committee consists of DHIN Board members and non-board members that have interest and relevant expertise in the health field.

We have had two meetings at which the business rules for how the committee will function and have finalized the application for data access. The HCCD Committee members still need to finalize the Data Use Agreement which is legally binding and will specify what they can and cannot do with data. The Committee will also need to finalize the fee structure for non-state entities to access the data.

DHIN has hired David Channin, Chief Health Information Officer. David will begin on November 12, 2018 and will lead our ongoing efforts around the Claims Data Base and our analytics service line to ensure we are making the data useful. Dr. Channin is a radiologist by background; he has served on national committees and working groups to include the group that developed Dicom standards for electronic imaging and brings us a huge wealth of knowledge.

SB227: Expanded the mandatory reporting entities which involves updating all Data Collection Regulations. Currently out for public comment and essentially repeats definitions of various regulations.

In the next few months we will continuing work on:

- Phase II of Mirth Results
- CHR & Clinical Inbox replacement
- HCCD
- Individual work on projects with Bayhealth, Nanticoke, Beebe, CCHS and AmeriHealth

On-boarding new data senders – results will not be received in the CHR until DHIN is live on the new CHR.

Next Town Hall is scheduled for November 14, 2018 @ 11:00 a.m.