

**Delaware Health Information Network**  
**Town Hall**  
**Wednesday, January 9, 2019**  
**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:**

DHIN continues working on two big projects, both the technology refresh and the Health Care Claims Data Base.

Phase I of our Technology Refresh was completed in FY18; we have transitioned EMR interfaces off of Medicity and onto the Mirth Results interface which is directly managed by DHIN.

Phase II of Mirth Results will add an additional EMR which we did not have a previous interface to; in addition to adding result types which were not previously included. A total of 214 results will need to be mapped into EMRs; 87 have moved into production; additional 30 are production ready and 20+ are in active testing. DHIN is making good progress and anticipate going live by the end of February.

Part of DHINs transition involves eliminating MEDfx as the middle layer of moving CCDs from the practices that send them to us into the CHR. As we move away from Medicity, the middle layer will no longer be required. DHINs contract with Medicity expires on March 31, 2019. Any new organizations that have just started sending DHIN CCDs will be visible in the new CHR.

**Community Health Record (CHR):**

Audacious Inquiry, our new partner for the CHR, provided DHIN with a cert testing environment on December 27, 2018, a payment milestone for Ai and an import work milestone for DHIN and stakeholders.

DHIN has started internal testing and have found several issues. DHIN will be providing stakeholders with information about known issues that we have uncovered during our testing. On Monday, January 14, 2019, participants from data sending organizations will be ready to begin their testing. Two weeks have been set aside for stakeholder testing in order to address any issues found and we will be retesting as issues are addressed.

We feel that going live with a small number of practices in February will allow us to get the CHR into production in the real world/real time and verify that everything works as intended. Assuming there are no glitches, we will begin an orderly roll out across the state to practices and intend to be fully transitioned to the new EMR by the end of March 2019. At which time our contract with Medicity ends and we will begin with a new platform, new application and new partners.

DHIN is also working on a contingency plan in case we find issues with testing that cannot be resolved. We want to ensure we have a backup plan and that there will be no break in service for all end users.

In addition, we are working on a training plan and will be testing the environment internally with our resources for screen shots, training videos, etc. making training available as we roll out the new CHR across the state. Prior to our go-live in March, we anticipate having a mobile friendly application for the CHR that can be accessed from an iPad.

**Data Senders:**

DHIN has a few new data senders, all small labs. Onboarding is in process and we will be going-live once the transition has been completed.

**DMOST Registry:**

DHIN went live with the DMOST Registry on December 21, 2018. We are working with hospitals to get the forms back loaded into the DMOST Registry. In addition, we are working with the Clinical Stakeholder Committee for user training which will begin the second or third week in January. We will be hosting live webinars and will also have them recorded for all users.

**Healthcare Claims Data Base:**

DHIN has received data from all of original set of required reporting entities with the exception of AmeriHealth which has not yet executed an agreement with DHIN.

DMMA brining in the information on fee for service and the historical information from United. Data is expected to be loaded on January 12<sup>th</sup> and then there is the validation process we will need to go through.

Validation Process: The first layer of the process: Did they send us the expected data; is the data in the correct format; and were the correct valued codes used? The second level of the validation process: Were valid dates used; is distribution of values within a data element

reasonable? For example, one payer was using the trash basket code ninety percent of the time; therefore, the code needs to be corrected and data resubmitted. Everyone has different methodologies; we need to validate internally which is an ongoing process.

SB227 which was passed late in legislation added payers who are required to submit data. We are in the process of identifying who those payers are and getting them onboard with their data and data use agreements.

By statute, we cannot require the payers to begin submitting data until six months after the regulation was which was on December 1, 2018. Therefore, we cannot require them to submit data until June 1, 2019.

Medicare Data: Our initial application with CMS we had DHIN listed as the data custodian; however, we had to go back and list MedicaSoft as a co-custodian and we are still awaiting a response from CMS.

DHIN is working with DAG and State Agencies on the Interagency Agreement and defining the fee structure. The draft document was forwarded to the State for their review and comments. We have received a request from the State Employee Benefit Committee to put together a network of excellence for a set of elective high cost surgical procedures. We have received a request for data from other entities for access to the data for research and grants.

SIMs grant funding will take us through the end of January 2019, then will transition to state appropriation which was passed at the last legislative session. DHIN is working with OMB and Health and Social Services on a detailed budget and plan that will show what we are doing with the money and the work outcome.

DHIN continues working with DMMA on an application for federal matching dollars. If approved, it will provide us with five years of matching funds.

**II. Comments:**

None

**Next Town Hall is scheduled for February 6, 2019**