

Delaware Health Information Network
Town Hall
Wednesday, July 11, 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)

CURRENT Activities Update:

DHIN continues working on two major projects, both the technology refresh and the implementation and on-going operations Health Care Claims Data Base.

Our contract with Medicity expired on June 30, 2019; we are now completely off their platform and have fully transferred to our new Community Health Record (CHR). Users have been redirected to the new log-in which will take them directly to the new CHR.

majority of the calls received by our Service Desk have been users requesting password/log-in information. Users have the ability to access the self-serve password reset, but we need to have updated and current email addresses. DHIN is provided with a roster of current email addresses; however, many practices only use one email address for entire practice. Log-in information cannot be emailed to an organizational account for security reasons. This alone increased our call volume tremendously; under Ashley Green's leadership, the Service Desk and team did a great job with the high volume of tickets.

There have been only 5 issues reported by end users that we were not already aware of. Throughout this change, intensive testing took place with DHIN and then with stakeholders. Throughout the testing, we began deployment with 37 issues, none of which were show stoppers. A total of 450 issues, all but 37 were resolved at the start of deployment. Everyone has now transitioned and service calls are back to normal.

There are a number of ancillary services not used by everyone, but are accessed through the CHR:

- Issues with Medication History are currently in the testing environment.
- Another ancillary service is Single-Sign-On: We have started with Cerner and hoping to include Epic.

- CCHS has gone live, Beebe is scheduled to go-live on July 14, 2019, and Nanticoke is in the process of a software configuration.
- We continue experiencing issues with Image Viewing and in are in final testing ensuring encryption and decryption are configured and working properly on both ends. Once testing has been completed, Nanticoke has servers configured and ready to move forward. St. Francis is in the process of upgrading servers; currently addressing any issues around the security and architecture.

We are working on the back end with care summaries, not visible to the users. Due to Medicity constraints, we were not able to directly ingest CCDs into the Medicity platform. DHIN worked with a 3rd party vendor, MEDfx; and our contract with MEDfx expires the end of July 2019. We have been systematically moving all practices sending DHIN CCDs directly into our new platform. We are down to nine organizations that have not yet transferred over:

- Six Genesis facilities will be going live next week
- One is on hold, looking at contractual issues
- Two working through

One of the few known issues not yet resolved: CCDs in our database are not showing up in the CHR, we found it to be an application issue that is currently being worked on. Other issues include:

- Receiving blank accession numbers when printed out
- Search screen date of birth is not a required field set and should be optional; fix is currently in testing

Healthcare Claims Data Base:

We have received data from 2013 for all of the original set of mandatory reporting entities which include Highmark, AETNA, United, Medicaid MCOs, State Employee Health Benefits and the qualified plans on the Marketplace.

The original statute mandated that payers with state affiliation be mandatory data submitters. We have received data from everyone through 2018, with the exception of AmeriHealth. An amendment to the statute required all commercial payers to submit data; as of July 2019, we will be receiving their monthly submissions.

We currently have data on over half of all Delaware; a total of 495,00 unique patients represented in the claims data base. The statute that authorized the Claims Data Base also requires that certain state agency's need to have access to the data at no charge, but it does require us to enter into an Interagency Agreement to fulfill federal laws and regulations that are required. We have executed an Interagency Agreement with the State Employee Benefits Committee and are in the process of negotiating an agreement with Public Health and DMMA.

House Bill 230 added one more collaborating state agency, State Council for Persons with Disabilities. The Brain Injury Committee has been evaluating the best data source for traumatic brain injuries; data in the HCCD will provide them what they need to track over time.

The HCCD Committee received a request for data from Centers for Disease Control (CDC) to evaluate the suitability of ambulatory EHR data for Public Health surveillance purposes.

The compound perfluorinated chemicals (PFCs), in the New Castle water supply is at a higher level than normal and a prolonged exposure to this compound can lead to bad health outcomes, one of the Environmental Protection Agency's "emerging" health concerns for public drinking water supplies nationwide. At an early point, CDC would like to be able to identify the health outcomes and possibly do an intervention at an earlier stage.

The HCCD Committee met to evaluate this application and felt this would be a worthy project for the Healthcare Claims Data Base. The Committee unanimously approved to move forward with signing agreements, how will the data be used and how the data will be protected.

We have other requests that are currently in various stages of being evaluated. DHIN will post on our web-site all request for data and the responses received, www.dhin.org.

On-going work continues for additional high level reporting; specifically, reports that will support the Secretary's bench marks.

DHIN is working with DMMA to get contractual documents in place that will allow us to draw on the federal funding participation that was authorized through the IAPD application to support the on-going for the Healthcare Claims Data Base, but also support specific work that will be beneficial to Medicaid.

II. ON-GOING Activities Update:

DHIN has on-boarded Avera Diagnostics as our newest data sender. Avera is used by several St. Francis OBYGN practices and went live on May 20, 2019.

We are working with Cerner incorporating new results from new data senders into results delivery interface from DHIN to Cerner.

CRISP provides the infrastructure for Maryland, District of Columbia and West Virginia; along with our participants from Southern New Jersey and Philadelphia we are receiving ADT data from over 200 hospitals/emergency rooms on Delaware residents.

CareLink is providing care coordination services to practices and patients that do not live in Delaware. We are working with CRISP on expanding our data exchange agreement in two ways:

1. Receiving not just ADTs, but other clinical data that accompanies that specific ADT
2. Roster based exchange: CareLink will provide DHIN with a roster of patients they provide services for - even if the patient that lives in Maryland, CRISP will send us the data on those patients.

DHIN continues working with:

- Westside: Receiving CCDs
- Nanticoke: CCDs, both in-patient and out-patient
- Nemours: We have had several discussions and in negotiations with for CCDs and Clinical Gateway
- On-going work continues with southern New Jersey (NJSHINE); we are now working through any issues

FY20:

DHIN has also begun our cycle of Strategic Planning for FY20 for our goals, our work plan and our budget for the upcoming year.

Working with DSAMH on our readiness to receive and manage Part 2 data, which is the code of federal regulation that deals with privacy of information related to Substance Use Disorder and Opioid Use Disorder.

DHIN will be joining a National Network in FY20. We have not yet made a decision as to which one; there are several options and we are looking at the cost, technology, uses of data shared, expectations and restrictions.

In FY19, DHIN underwent Sunset Review. The Sunset Committee will create and chair a task force to draft bills to accomplish the following: Maximize the number and type of claims submitted to the HCCD; permit more detailed reporting of claims related to sensitive diagnosis; maximize the number of entities that submit clinical information. The Sunset Committee will also sponsor a bill to make technical recommendations to DHINs governing statute.

Quest has elected to discontinue services with DHIN. DHIN representatives worked hard negotiating with them to find a way to stay in; however, they do not want to pay fees to continue as data sender in DHIN. We are working on an orderly exit. In addition, we will be reaching out to practices notifying them we will no longer be getting results from Quest.

Next Town Hall is scheduled for August 7th at 11:00 am