

Delaware Health Information Network
Town Hall
Wednesday, December 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:

Community Health Record:

DHIN continues with the final stages of the conversion to the new CHR. A build scheduled for this past weekend to address a few of the remaining issues that were outstanding from the go-live in June. Unfortunately, the build had quite a few flaws and we were not able to bring it into full production. We have conveyed our dismay to our vendor and they are working on addressing the outstanding issues. DHIN is deeply committed to getting all issues addressed and getting to a stable and reliable environment.

We currently have twelve issues remaining and Ai is required to have these issues completed prior to their final payment. A significant portion of the remaining issues pertain to the User Management Tool, a functionality which allows us to add and remove users from the system.

Single Sign-On (SSO):

Single Sign-On has been implemented at all our Cerner hospitals. First implementations were at CCHS, Beebe and Nanticoke. We are now ready to begin working with all Epic users. Nemours and Bayhealth have also expressed an interest in using the SSO features.

Imaging:

DHIN has also been working on the Image Viewing capabilities which have been adopted by both St. Francis and Nanticoke. We are now in production with both hospitals and they are completing their end of testing.

HCCD:

DHIN has been in discussion with Medicaid for several months. The agreement between both Medicaid and DHIN that would allow us to begin drawing on the federal matching funds that have been approved by CMS. Once we have access to those funds, there are a number of enhancements that we have planned to the database that would allow us to group medications in a class rather than have to look them up individually or separating out in-patient and out-patient vs. emergency departments. In addition, DHIN also has as an organizational goal to develop a public facing dashboard that would allow us to display reports that are suitable for public viewing.

DHIN is also working on a number of projects with individual organizations/stakeholders for the Claims Data Base which include: State Employee Benefits Committee; Public Health Epidemiologist are working on a lung cancer screening project; Primary Care Consortium has expressed an interest in accessing the data to address the primary care spend in Delaware. Also in discussion with Secretary Walker and her team on a dashboard project around pricing transparency

The interagency agreement has been executed and will allow us to begin working with the committee addressing adolescent traumatic brain injury.

We have actually received a check from CDC, our first paying customer. The intent with the CDC project is to evaluate the usefulness of the data that we hold for public health surveillance. They are specifically looking at the drinking water of two communities in Delaware.

We are also exploring the path by which we plan to connect to eHealth Exchange, which is one of the predominant national networks. eHealth Exchange, Care Quality and CommonWell are the three top national networks.

The Sequoia Project is the organization that has been selected as the Recognized Coordinating Entity (RCE) over the trusted framework and common agreement that Congress has required as part of 21st Century Cures Act.

The framework is going to be what are the legal business and technical specifications that will allow nationwide exchange regardless of which network you choose to join. Dr. Lee has been asked to serve on the Leadership Counsel for the Sequoia Project Interoperability Working Group.

We are very pleased that Delaware is being represented as the Sequoia Project begins these important specifications, not just technical specifications but what the trust agreements will look like, etc. There will be a lot of work and profound changes not just for DHIN but all participating organizations.

Sunset Review:

DHIN has is currently under Sunset Review. Out of the Committee meetings, there were several recommendations that are expected to result in statutory changes that will strengthen DHIN. In addition, they have asked DHN to provide an Annual Report to the Governor on the status of the Healthcare Claims Data Base.

DMOST:

The registry that allows end of life medical orders to be stored and accessed electronically. The final piece is the ability for patients to log into the registry allowing them to rescind their original DMOST request.

Data Senders:

DHIN is in the process of onboarding a new lab, Poplar Health which serves St. Francis' OBGYN practices. DHIN will be receiving both lab and pathology reports from Poplar Health.

HITRUST:

DHIN working on recertification for HITRUST which has become a gold standard framework of security best practices. DHIN originally became certified two years ago, and was one of the first 2 HIE's in the nation. This second wave of recertification should be complete by the end of the fiscal year.

II.

ON-GOING Activities Update:

DHIN continues conversation with the Division of Substance Abuse and Mental Health. DSAMH is in the process of implementing Cerner's as an EHR and expect to go-live in January and connecting to DHIN.

DHIN also continues conversation with several payers and the provider community around electronic prior authorization. The burden of documentation continues as we discuss with technical suppliers how to support this automation. DHIN is working on finalizing a pilot o to implement; assuming the pilot is successful, we will need a strategy on how to scale up.

Internal Activities/Projects:

DHIN continues moving more infrastructure to the cloud, automating monitoring and reporting, addressing an MPI clean-up and various other housekeeping activities. All which will enable DHIN to work more effectively and efficiently.

DHIN has an agreement in place with Legal Shield to add our fraud detection package to the Legal Shield Identity Protection products and services that they roll out. Legal Shield

has been working on technology upgrades and it will not be until the end of CY19 before they have completed their upgrade; at which time they will begin a partnership with DHIN enabling users to purchase an identify monitoring solution from Legal Shield that monitors credit reports, social security numbers and personal health information.

The Delaware Health Care Commission (DHCC) has announced that mini grants are available for primary care practices, ACOs, Behavioral Health and any organizations that have not yet adopted a full set of DHIN services. This one-time grant will be awarded up to 25 applicants in varying amounts, with the maximum award totaling \$8,000, to assist practices with start-up costs. More information can be found on the Health Care Commissions web-site: <https://dhss.delaware.gov/dhcc/>.

III. Public Comment:

None

Next Town Hall: January 8, 2019