

**Delaware Health Information Network  
Town Hall**

**Wednesday, October 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:**

Dr. Lee announced the hiring of three new DHIN employees: Dianna Hicks, Project Manager; Kevan Browne, Network & Operations; and Melissa Earley will begin on November 6<sup>th</sup> in a hybrid position working with the Service Desk, Project Managers and Network & Operations.

**Community Health Record:**

DHIN continues with the final stages of the conversion to the new CHR. The Business Relationship Managers are out in the field visiting practices for any help they may need. We have received good feedback from users stating that in addition to the new features, performance has been much faster.

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.

We are also expecting Ai to produce management reports which will help us to understand how the tool is being used. Seeing a pattern of activity will help determine any workflow challenges that need to be addressed or any features that are not being used.

The CHR's break glass functionality also needs to be addressed.

### Single Sign-On (SSO):

Nanticoke is currently having issues with Single-Sign-On (SSO). Though CCHS has not had any problems with SSO, they do not allow more than one patient to be opened in the Cerner EHR, where Nanticoke and Beebe both do allow multiple patient charts to be opened simultaneously.

### Imaging:

DHIN has also been working on the Image Viewing capabilities which have been adopted by both St. Francis and Nanticoke. St. Francis currently has Image Viewing working in our testing environment; however, it is not working as fast as they would like and it appears the limitations are on their side and they will accept the current level of performance.

Nanticoke is not yet fully functional and we continue to work on those issues.

Ai's next build will be ready for DHIN to begin testing next week. Once these fixes are ready and moved into production we will see better performance than we have previously.

### HCCD:

DHN has been in discussion with several different state agencies around reports for dashboards that they have expressed an interest in. We are close to a resolution with Medicaid on the contract terms which will allow us to start drawing on the federal matching funds. 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.

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 working on a number of projects with individual organizations: CCHS, Atlantic General and AmeriHealth are all projects that are currently in progress.

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 21<sup>st</sup> 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 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.

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:

We are 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. Prior authorization has been a major pain point with physicians and hospitals. The burden of documentation continues as we discuss with technical suppliers how to support this automation. DHIN is working on finalizing a pilot 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 just 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:**

**C:** Kathy Westhafer, CCHS: Very excited about the MPI clean-up.

**Q:** Rob Rodriguez, IBM Watson: I understand there has been movement on the contractual status of the agreement between DMMA and DHIN?

**A:** Several weeks ago, Dr. Lee has met with Secretary Walker, Steve Groff and other representatives from the state. Apparently the hold-up has been with the state contracting office. They have concerns whether or not CMS approved the full IAPD with full understanding of the cost allocation model. The contract is now in the hands of DMMA's Deputy Attorney General and DHIN's legal counsel.

**C:** Secretary Carol Walker: Thank you for getting the word out on the mini grants, we are watching internally very closely to ensure we can move forward. Thank you for your partnership as we continue to work together.

**Next Town Hall: December 11, 2019**