

**Delaware Health Information Network  
Town Hall  
Wednesday, May 12, 2021  
11:00 a.m. – 12:00 p.m.**

Zoom Conference Call

**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 and Updates:**

DHIN is happy to announce the hiring of Denise Bowie as DHIN's Information Security Manager. Denise has over 30 years of experience and will begin June 1, 2021.

**COVID-19:**

Governor Carney announced that effective May 21, 2021, COVID-19 restrictions will be eased including gathering capacity for indoor/outdoor events with a three foot distance.

**Public Health:**

DHIN continues working with Public Health on several projects, including Contact Tracing. We are working on feeds to the system to include data about hospital status, ensuring those patients do not receive calls from Contact Tracers. We are in current negotiations with a major employer to receive their employee COVID-19 test results and ensure they are received by Public Health.

**CMS:** Conditions of Participation requirement began on May 1, 2021, for all hospitals to provide notifications to a patient's primary provider and anyone else designated by the patient when they are admitted, discharged, or transferred from a hospital. DHIN offers ENS as a standard service, but because this is a Condition of Participation in Medicare - there are requirements for auditing. Three hospitals have asked DHIN to complete on their behalf; we expect to offer the first audit files by the end of May 15, 2021.

**Consent Management Tool:**

DHIN continues working with our vendor, MedicaSoft to implement a Consent Management Tool which will be in production by the end of June 2021. This project will be completed in phases:

Phase I: Version 1 (V1) will be a very basic, minimal, and viable product based on information from the sending organization.

We will be looking at two consent levels, Part II data, Substance Use Disorder data that is covered by 42CFR Part 2 data regulations will be either global which allows patient data to be shared by everyone who is involved in their care or do not share my data with anyone other than my provider or anyone on my care team.

In FY22, we will continue developing and enhancing the tool on an even more granular level to include other sensitive information such as reproductive information and HIV status, etc.

Identifying the information will be based on the sending organization(s). Though for the immediate future, the only Part 2 data we anticipate receiving will be from the Division of Substance Abuse and Mental Health (DSAMH).

Patients will be able to establish their consent preferences through the PHR. Patients will not only log into the PHR to see their data but can also view the consent tool and at any time change their settings. Along with enrichment of data, DHIN will be honoring privacy and consent around the more sensitive data, ensuring Behavioral Health organizations that they can safely and confidentially send their data to DHIN knowing we will proceed in accordance with all Federal regulations.

DHIN is excited as this will open the doors to receiving additional data from Behavioral Health organizations; an important first step in enriching the value of the data services that DHIN offers. DHIN has enabled Event Notification for DSAMH and in the process of on boarding them as a data sender. DSAMH will be sending DHIN ADT's and Care Summaries for patients that present to them. Our first Part 2 provider and the first Part 2 data that we will be receiving in our network.

#### HCCD:

The Healthcare Claims Data Base is an important service adding to the many services that we currently offer. DHIN is in the process of working on several projects for DMMA, State Employee Benefits Program, Healthcare Commission and Public Health. DHIN is also in discussion with several hospitals on their required reporting needs. All projects are being approached through various perspectives. The HCCD is a very rich resource; data is received from eleven different streams. The data comes in structured and as we do the work, we are adding enhancements, all of which takes time. We are also finding that the users of the Claims Data are not just payers or researchers. A customer portal is available as we can identify and de-identify a data set and place the data in the customer portal. Data can then be broken down into specific requests.

We also have several public facing reports derived from our claims that can be accessed through our website: [www.dhin.org](http://www.dhin.org). Reports on DHIN's website will be updated/posted on a quarterly basis.

Sunset Committee:

In 2019, the Sunset Committee approved the continuation of our work. Out of the work that was completed/submitted there were five proposed legislative updates:

SB 88: An Act to Amend Title 16 of the Delaware Code Relating to the Delaware Health Information Network and the Protection and Use of Information.

SB 87: An Act to Amend Title 16 Of the Delaware Code Relating to Anatomical Gifts and The Delaware Health Information Database.

SB 118: An Act to Amend Title 16 of the Delaware Code Relating to Long-Term Care Facilities and Services and the Delaware Health Information Network.

SB 119: An Act to Amend Title 16 of the Delaware Code Relating to the Delaware Health Information Network and Health Insurers.

SB 121: An Act to Amend Title 16 of the Delaware Code Relating to the Delaware Health Information Network and the Department of Correction.

More information can be found for Senate Bills at <https://legis.delaware.gov/>

**II. ON-GOING Activities Update:**

Pennsylvania Patient & Providers Network (P3N):

DHIN continues working with our counterparts in Pennsylvania on a Data Exchange Agreement. Providing greater opportunities for Delaware patients who seek care outside of their home state and for the benefit of the members of Pennsylvania Patient and Provider Network (P3N), Certified Health Information Organizations (HIOs) and the members of out-of-state health information exchanges (HIEs) that share patients with Pennsylvania.

Five-Year Strategic Plan:

DHIN's work with Maestro on our Five-Year Strategic Plan has been completed and was approved by the DHIN Board of Directors at the April 2021 meeting. We feel that Maestro has provided an incredibly thorough and thoughtful analysis of the industry and current market drivers. An Executive Summary will be viewable on DHIN's website: [www.dhin.org](http://www.dhin.org)

Themes/Workstreams FY22:

Maintain our relevance in a value-based payment market:

- New Sources and types of data
- High quality data (complete, standardized)
- Access to analytics

Strengthen our ties to the State

- Explore new relationships (DEMA, DSAMH, others)
- Re-energize the “public” in our statutory status as a “public private partnership”

Ensure business sustainability and value-based pricing of our services

Maintain and leverage our current strengths and advantages

- Neutral, trusted not for profit
- Face-to face relationships; our stakeholders and customers are also our neighbors and fellow citizens
- Large and comprehensive repository of well-curated clinical and claims data

Refresh Vision & Mission Statement

**III.**

**Public Comment:**

None

Next Town Hall: June 9, 2021