

**Delaware Health Information Network
Town Hall
Wednesday, December 8, 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 continues working with Public Health on COVID related issues.

DSAMH:

DHIN has been working with the Division of Substance Abuse and Mental Health (DSAMH) onboarding them as both a data sender and receiver. DSAMH is currently sending ADT's and ORU's. In addition, they are working to send us care summaries in CCD format. A few issues with Cerner and CCD's; however, we continue working with both DSAMH and Cerner on the issues.

We are doing results delivery for DSAMH and the bulk of our project with DSAMH has been completed; however, the data they are sending us is subject to the privacy restrictions that are covered under Title 42 of the Code of Federal Regulations (CFR) Part 2 which specifically deals with addressing concerns about the potential use of substance use disorder (SUD) information.

Our Patient Consent Tool will allow DSAMH patients to designate whether they want their data shared with other health care providers. However, DSAMH does not want to start promoting the tool with their patients until the entire project is complete to their satisfaction.

We have data from DSAMH on their SUD patients in our repository, but it is only viewable to DSAMH.

Consent Tool:

One of DHIN's major projects in FY22 is the enhancements to our consent tool. As it exists now, patients have the option of allowing all providers associated with their care to view their SUD data **OR** no one will be able to view the data.

The enhancements we are adding will provide the data at a more granular level and allow the patient to specify at both the practice level and provider level who they want to allow their SUD data to be shared with. If the patient does not designate anyone to share their SUD data with, it will **not** be shared.

HCCD:

Several exciting projects continue with the Healthcare Claims Data Base and Analytics Service Line:

- On-going project with CDC on environmental studies
- CostAware Project with the Health Care Commission will provide cost comparisons across six different hospitals and will not be identified by name.
- Veteran's Association to assess the transition in continuity of care for veterans in Delaware

Research Community:

- Inbre: We have three projects this year (1) Nemours: Adolescents Care throughout Covid; (2) Christiana: Lung Cancer throughout COVID; and (3) Delaware Medical Association is looking at a study on providers and workforce.
- Substance Use Disorder Service Delivery Assessment
- Christiana Care's Diabetic Project
- Community Wellness Dashboard

Please feel free to email Rich.Schroder@dhin.org with any questions/comments or request for an application.

DHIN has completed our two-year interim assessment with our HITRUST assessor and documents have been submitted for verification. Excellent job to the DHN team for having this completed prior to the holiday.

II. Data Senders:

Amazon:

DHIN has signed a contract with Amazon to receive COVID results on their employee testing; DHIN will be reporting the testing results to Public Health on Amazon's behalf. Amazon is the first employer that is contracting to participate in DHIN as a data sender.

PointClickCare (PCC):

DHIN is also in the process of on-boarding PointClickCare (PCC), the EHR vendor for Skilled Nursing Facilities (SNF) in Delaware. PCC will be on-boarding as a data sender. PCC will send DHIN any data they have on Delaware patients as long as the necessary participation agreements with DHIN have been signed. DHIN currently has twenty-two out of thirty-five signed agreements. Once completed DHIN will receive critical data on post-acute settings which will be especially important to our ACO's as they need to know where their patients are and when they move from one care setting to another.

P3N:

We continue working with P3N, the authority of Pennsylvania's five HIE's. By working with P3N, we will be able to exchange data on the basis of where the patient lives and access data for patients that live in Delaware and go to a Pennsylvania facility.

TidalHealth:

Nanticoke and Peninsula Regional Medical Center have merged under the name TidalHealth. TidalHealth has notified us that effective January 1, 2022, they will no longer be sending data on Maryland patients through DHIN; as of now, they will continue sending data on Delaware patients. All affected practices have been notified.

Pilot: Nemours/Colonial School District:

DHIN continues working with Nemours and the Colonial School District to expand Event Notification to include student performance. Parent consent will be required for those participating. Once a student is absent for three consecutive days or a cumulative of ten days in a school year, the student's primary provider will be notified. Once the pilot has been completed, our goal is to roll-out the project state-wide.

Message Traceability:

DHIN has been working on message traceability for quite a while and now moving it forward as a project. Our goal is to trace each and every message that is received by data senders and identify where it is - and at some point, we hope that all data senders will be able to view where the message has been sent, stuck, or if not received.

Regulations:

We have updated the DHIN regulations in compliance with changes at the federal and state level ensuring that Delaware complies with the new federal landscape. Published in the December 1, 2021, registry, and effective December 11, 2021. The new regulations ensure that the quality of the data and that is being reported is accurate. In January 2022, we will begin renegotiating contracts with all of our participating organizations.

II. Internal Activities Update:

Internal:

Automation:

Automation projects to reduce administrative and business costs; in addition to man-power hours each month. An FY22 Goal is to recover a minimum of 100 manual man-power hours each month. We are currently at 80+ hours each month that we have recovered.

Five Year Strategic Plan: Several on-going projects

CCD Parsing:

DHIN is receiving encounter level care summaries from approximately one-quarter of the practices in Delaware. However, we have found that they are not being viewed. Providers are looking for point of care testing incorporated into the CHR. By CCD parsing, we will be able to take the care summaries and break them apart; placing the individual data elements where similar data goes in the Community Health Record. If it is a lab, it will go into the CHR lab module; medication history will go into the CHR's medication module, etc. Any data that has a place to land in the CHR we will be parsing the CCD's so the data can be easily viewable.

Our one concern will be dealing with duplicates. The method our vendor uses to de-duplicate is based on the medical record number of the sending organization. We have asked our vendor for additional options to de-duplicate; however, in the meantime, we are going to wait and see how big this issue may be and we may need to take a step back.

Claims Data:

DHIN will also begin parsing claims data for inclusion in the CHR, PHR, and any other clinical systems we may implement in the future. We receive data from all of the hospitals and a majority of commercial labs and imaging groups. We have a very complete range of data, but we do not have everything. We are working with PCC to receive data on the skilled nursing facilities, but there still remains a gap. Claims data covers the entire continuum of care, it is not real time, there is a lag. However, it is more complete than what we currently have. There will be no financial information from the Claims Data Base going into the CHR, but we will be adding essential information: date, location, service provider, procedure codes, pharmacy, etc. The data will not be real time but will be valuable information added to the CHR.

Upgrade recent release of FHIR: Position DHIN to provide better service—

Resources to assist DHN's Director of Analytics

Enhancement to the PHR and proposed connection with Department of Corrections.

Epic:

Another major project is working on single sign on for Epic users. Our epic hospitals want a single sign on to the CHR. A high priority project for DHIN.

III.

Public Comment:

None

Next Town Hall: January 8, 2022