POLICY DEVELOPMENT:

Delaware Health Information Network (DHIN)

Dr. Jan Lee, DHIN CEO and DHCC Commissioner
Empowering Data-Driven Decisions

DHIN Update for Delaware Health Care Commission

Jan Lee, MD
Chief Executive Officer
06.03.2021
Outline

• DHIN and COVID-19
• Other FY21 Work / Accomplishments
• Relevant Legislation / Regulation
• DHIN’s New Five-Year Plan
• Work Planned for FY22
COVID-19 and DHIN’s Role
“Normal Business” … on Steroids

• Deliver COVID test results to ordering provider

• Populate CHR with test results

• Avg # lab results processed by DHIN each month is nearly double the pre-COVID levels

• Electronic reporting to Public Health (SS and ELR) – 5 new labs since COVID outbreak; 3 MD hospitals

• ENS notifications to providers of COVID-19 admissions/discharges

• Growth in use of Clinical Gateway to drive population-level studies of COVID-19
COVID-19 and New Roles for DHIN:

- Enriching labs to DPH with demographic data (race, ethnicity)
- Daily updates to DPH on number of new COVID hospital admissions – reported on public-facing website
- Final common data pathway to the Delaware Contact Tracing database (with enrichment & deduplication)
- Providing de-identified data to DPH for reporting underlying conditions in COVID deaths
- Use of DHIN PHR by DPH labs for patient access to their COVID results

New Hospital Admissions (Confirmed and Suspected with COVID-19)

Data are current as of 6pm the previous day. Last update: 05/31/2021

New Hospital Admissions were not available for May 30, 2021.
PHR Adoption and Utilization

Patient Portal

- FY17: Admin 77, Patient 308, % Active 0%
- FY18: Admin 308, Patient 607, % Active 20%
- FY19: Admin 607, Patient 763, % Active 40%
- FY20: Admin 763, Patient 18167, % Active 80%

Better Communication for Better Healthcare
Other FY21 DHIN Work 1/4

PHR Enhancements

• “Pretty Print” from application
• Administrator enhancements
• Improved synch with DHIN MPI
• Mobile app (Android and Apple)

Coming Soon

• All DHIN historical data available through PHR
• Identity proofing enhancements
Other FY21 DHIN Work

National Connections
• Supporting queries of DHIN through eHealth Exchange
• Aligning with Federal HIT Strategic Plan
• TEFCA Readiness

Technology Upgrades
• Master Person Index Tuning – allows data from many sources to be matched to one person
• Results Delivery migration to newer technology

Stakeholder Requested Work
• On-boarded 5 new labs for COVID results
• Supported 3 border Maryland hospitals in COVID reporting to DE public health
• Supporting Nanticoke-PRMC merger and migration to Epic
• Additional projects for Nemours, Christiana Care, and Doctor’s Pathology Service
• Pilot with Highmark for subset of their members
DHIN Internal Projects

- **HITRUST Certification** – “gold standard” in security best practices
- Improved Knowledge Management tools
- Migration of SFTP server (cloud hosted)
- New Managed Services vendor (improved security management)
- Improved project management software tools
- Migration to Office 365 (cloud)
- Began automating internal reports and audits
- **Results Delivery migration** to newer technology
- Continued certifications in ITIL framework of best practices in IT Service Management
New Content and Functionality
• On-boarding DSAMH as a “customer” and a data sender
• Consent management, v1
  Will enable management of “Part 2” data in compliance with strict privacy laws
• Event Notification – upgrades to support CMS Conditions of Participation for hospitals

Health Care Claims Database
• Accomplished most of work planned for FY21 and FY22
• Responded to MANY data requests
• Partnered with Delaware Data Innovation Lab (DDIL) – augments DHIN’s manpower and skill set
• Contract with UD for placement of interns
• Added three new public-facing reports
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<thead>
<tr>
<th>Application Date</th>
<th>Requesting Org Category</th>
<th>Requesting Org Name</th>
<th>PROJECT TITLE</th>
<th>Health Status</th>
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<tr>
<td>2/7/2019</td>
<td>Commercial Research</td>
<td>Remedy Partners, LLC</td>
<td>Provider Level Price and Quality Transparency Through the Lens of Episodes of Care in Public and Commercially Insured Populations</td>
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<td>CSA</td>
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<td>SEBC Elective Surgery Extract for Center of Excellence</td>
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<td>Federal Government</td>
<td>CDC</td>
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<td>CSA</td>
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<td>9/26/2019</td>
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<td>Brain Trauma Commission - TBI - 2 - Location and Prevalence of follow up activity</td>
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<td>Delaware Primary Care Assessment 2019 (Dr. Gill)</td>
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<td>12/15/2019</td>
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<td>2/12/2020</td>
<td>Acute Care Facility</td>
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<td>Memory Ambassadors: A Community-Based Neurocognitive Screening Program</td>
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<td>State of Delaware</td>
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<td>Child Death Review Commission’s Access to Provider Names Data Set</td>
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<td>Understanding and predicting chronic disease progression using claims data</td>
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<td>Total Cost of Care (TCOC) Phase 1 and part of 2</td>
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<td>Public Report</td>
<td>DHIN</td>
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Public-Facing Reports Using HCCD Data

https://dhin-hccd-portal.medicasoft.us
<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Updated Date</th>
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<tbody>
<tr>
<td>Emergency Department Visits</td>
<td>How frequently do Delawareans go to the ED and for what reasons? This report helps identify opportunities to prevent non-emergent visits through targeted educational outreach about managing chronic conditions and alternatives to the ED.</td>
<td>05/24/2021</td>
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<tr>
<td>Emergency Department Visits during COVID-19</td>
<td>How did COVID-19 and the associated stay-at-home orders affect Emergency Department (ED) visit rates in Delaware? This report stratifies ED visits based on severity and reports the monthly percentage share. Additionally, it provides top reasons for ED visits and the costs incurred per ED visit before and during the pandemic.</td>
<td>05/24/2021</td>
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<td>EpiPen Cost Assessment</td>
<td>How much does EpiPen cost with insurance versus the cost of its generic alternative? An EpiPen pricing controversy several years ago spurred the development of generic alternatives. This report shows the amounts paid by consumers and insurers for both the name-brand EpiPen and primary generic alternative.</td>
<td>05/24/2021</td>
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<tr>
<td>HCCD File Summary Dashboard</td>
<td>What information does the database use? Who provides it? This dashboard shows what data is provided by which data senders for use in the HCCD.</td>
<td>05/24/2021</td>
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<tr>
<td>Opioid Related ED Visits</td>
<td>Who is seen in Delaware EDs with suspected opioid overdose? Delaware continues to struggle with higher than average opioid prescribing (per CDC) and opioid death rates (per NIDA.) In 2018, the CDC reported that visits to Delaware EDs with suspected opioid overdoses more than doubled from the previous year. This report breaks out visits by age range and zip codes.</td>
<td>05/24/2021</td>
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<tr>
<td>Persons at higher risk for COVID-19</td>
<td>This report looks at the prevalence of underlying medical conditions associated with increased risk of COVID-19 severity (per CDC). It shows the prevalence of various medical conditions (ischemic heart disease, chronic obstructive pulmonary disease, chronic kidney disease and cancer) segmented by age group and geographic location.</td>
<td>05/24/2021</td>
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<tr>
<td>Telehealth Spending and Utilization Before and</td>
<td>When COVID-19 hit, the US healthcare system pivoted to televisits for routine care. Since telehealth visits are predominantly paid for by insurers, this report shows the</td>
<td>05/24/2021</td>
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</table>
Legislative Update
Federal and State
New Opportunity for HCCD Funding

- Consolidated Appropriations Act of 2021 includes one-time $2.5M grants over 3 years to eligible states to establish or improve an existing APCD

- Format, content and timing of application TBD

- Requires data be made available for research, quality improvement/cost containment studies, and data for public consumption

- A committee will prepare a standardized reporting format for ERISA plans to voluntarily submit data (seen as a forerunner to eventual legislation requiring ERISA plans to participate in applicable APCDs)

- **Bottom Line:** For the next three years, federal dollars will be the primary funding source to sustain the HCCD
Information Blocking Rule

- Released by ONC as required by 21st Century Cures Act
- “Information Blocking” is defined in law as anything likely to interfere with access, exchange or use of electronic health information (EHI)
- The Rule identifies 8 "reasonable and necessary" exceptions
- Exceptions must be made case by case
- What was allowed under HIPAA is required under Information Blocking Rule
- “Actors” under the Rule are providers, HINs/HIEs, and technology developers
  - Developers and HIEs are subject to penalties up to $1M per violation
  - Providers engaging in information blocking may be subject to “appropriate disincentives”
- DE SB 88 is the first step to bring us into compliance. We will still have to promulgate a corresponding regulation and re-negotiate contracts with our data senders
• **SB 87 – DHIN and Anatomical Gifts**
  – Allows Gift of Life to access the CHR under certain circumstances
  – Passed by Senate; reported out of Sunset Committee in House

• **SB 88 – DHIN and Protection and Use of Information**
  – Unambiguously brings State statute into harmony with recent federal legislation
  – Allows for use of de-identified clinical data by providers, purchasers, and researchers for purposes similar to those allowed for use of HCCD claims data
  – Specifies that identifiable data may not be provided for these purposes without explicit patient consent
  – Specifies that DHIN must provide patients with access to their own data held by DHIN
  – Specifies that DHIN must comply with a patient’s request to direct their data to a third party
  – Passed by Senate; reported out of Sunset Committee in House
• **SB 118 – DHIN and Long Term Care Facilities**
  – Requires LTC facilities that provide services in DE to enroll in and provide care summaries to DHIN
  – Introduced to Senate Sunset Committee

• **SB 119 – HCCD and Dental Insurers**
  – Adds dental insurers to the list of HCCD mandatory reporting entities
  –Introduced to Senate Sunset Committee

• **SB 121 – DHIN and Dept of Corrections**
  – Requires DOC and/or its contracted providers to provide both clinical and cost data to DHIN
  – Introduced to Senate Sunset Committee

• **SB 128 –**
  – Makes non-substantive technical corrections to DHIN’s enabling statutes
  – Passed by Senate; in House Sunset Committee
DHIN’s New Five-Year Plan

- Facilitated by Maestro Strategies
- Refreshed mission and vision statements

**Mission**
We empower public and private partners to make data-driven decisions through innovative health data services

**Vision**
We aspire to be the preferred, highly-trusted provider of health data services, enabling healthcare transformations that promote health equity, facilitate quality care, and save time, money and lives
Major Themes of Five-Year Plan

- **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
Major Themes for FY22 Work

1. New sources and types of data
2. Strengthen the analytics service line
3. Optimize and automate
4. Strengthen ties to the State and other stakeholders
5. Make Results Delivery as perfect as possible
6. Revenue generation and expense reduction
Work Planned for FY22

- Finish onboarding DSAMH
- Update the DHIN regulations and data sender contracts
- Pursue additional out-of-state data exchange
- First steps in incorporating and using SDOH data
  - Pilot with Nemours and Colonial school district; incorporate school absenteeism into Event Notification Service
  - Census tract mapping to allow for more granular geo-mapping
- Work w/ State to apply for APCD grant
- Consent management tool, v2
- Ongoing PHR enhancements
- Single sign-on solution for Epic users
- Parse CCDs and display labs and meds with related data
- Parse claims and incorporate certain data elements into the CHR and PHR
- Ongoing internal modernization (software upgrades, automation, optimization)
- Ongoing work with the State in support of COVID response
- Lots of HCCD work!
A Health Information Ecosystem…

... in which all participants both contribute and receive value