

POLICY DEVELOPMENT:

Delaware Health Information Network (DHIN)

Dr. Jan Lee, DHIN CEO and DHCC Commissioner



ChooseHealth
DELAWARE

Empowering Data-Driven Decisions

DHIN Update for Delaware Health Care Commission



Jan Lee, MD
Chief Executive Officer
06.03.2021

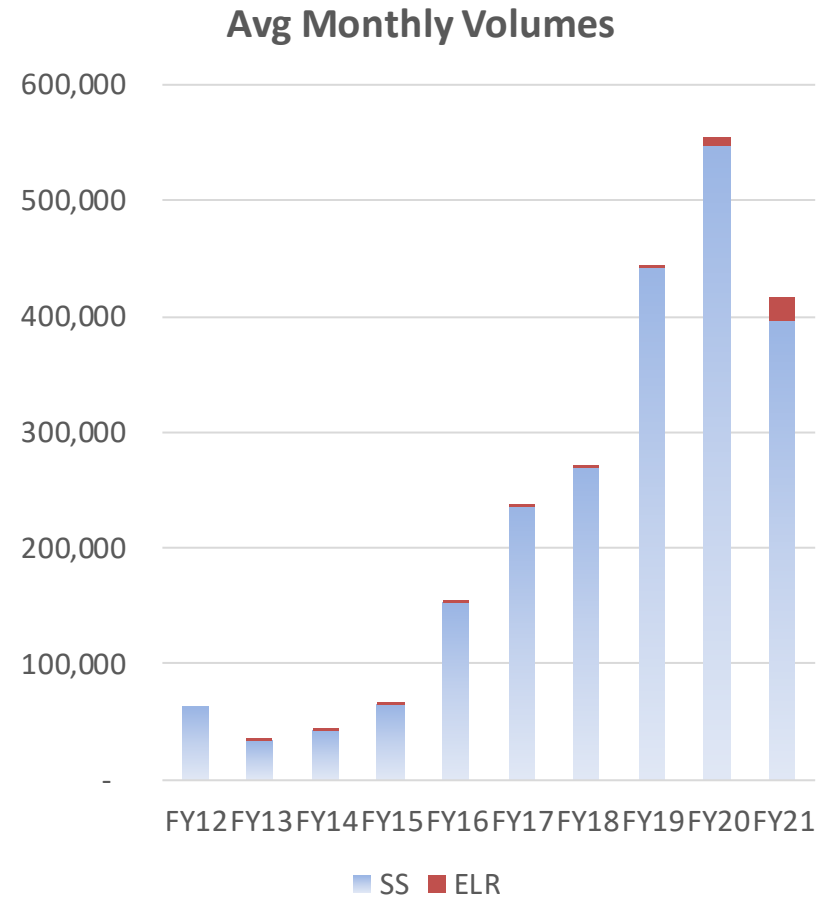
Outline

- 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

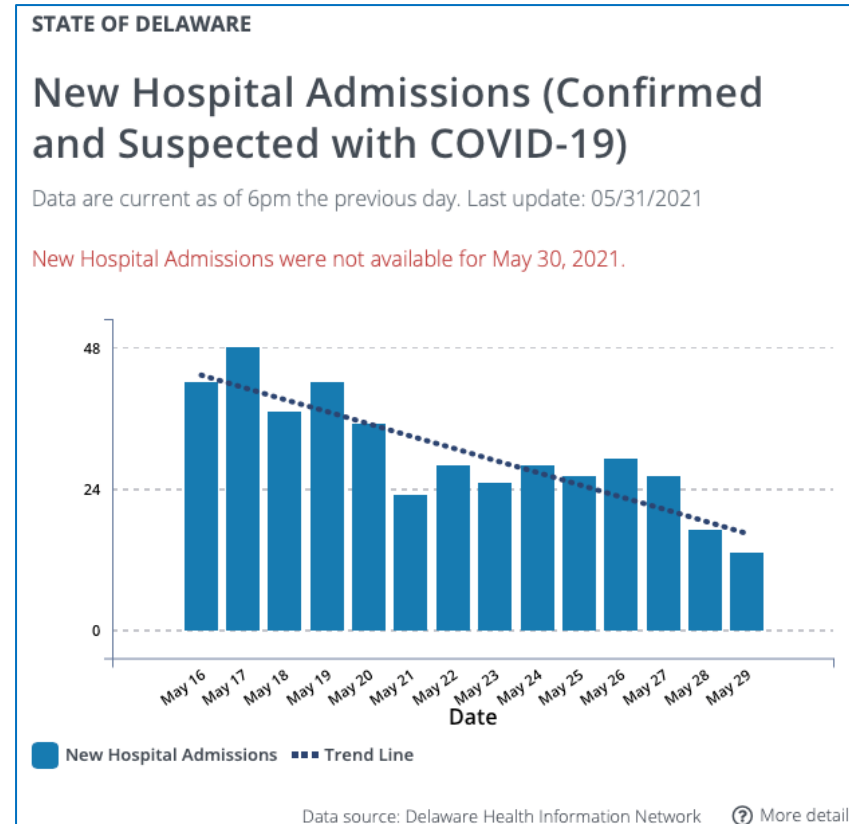
“Normal Business” ... on Steroids

- 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

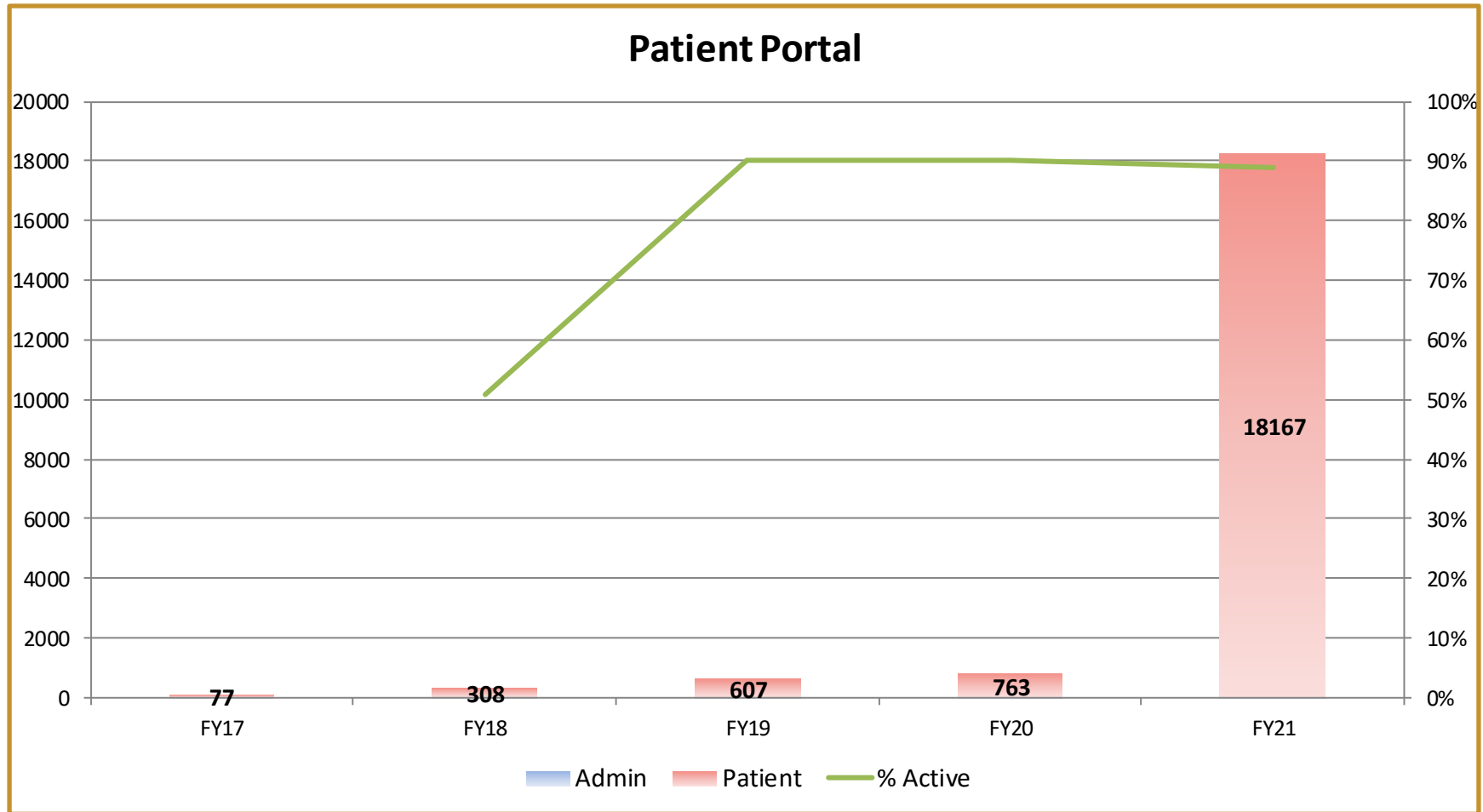


COVID-19 and New Roles for DHIN:

- 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

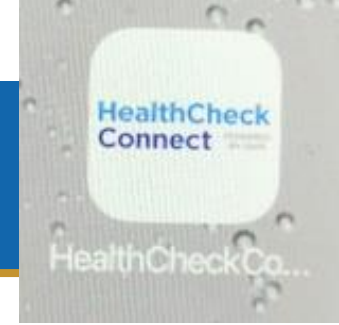


PHR Adoption and Utilization



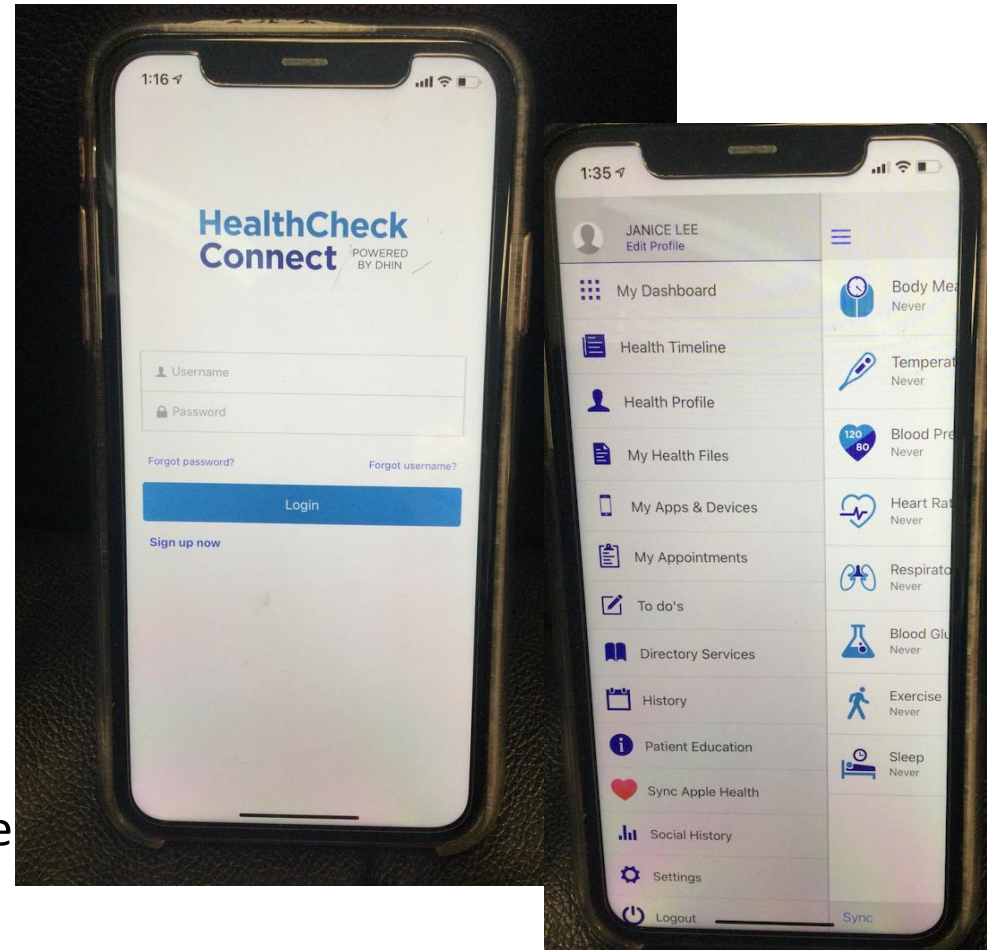
Other FY21 DHIN Work

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

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

HCCD Data Requests

Application Date	Requesting Org Category	Requesting Org Name	PROJECT TITLE	Health Status
2/7/2019	Commercial Research	Remedy Partners, LLC	Provider Level Price and Quality Transparency Through the Lens of Episodes of Care in Public and Commercially Insured Populations	Denied
3/22/2019	CSA	SEBC	SEBC Elective Surgery Extract for Center of Excellence	Completed
6/20/2019	Federal Government	CDC	Environmental Health Project FY20	On schedule
7/2/2019	CSA	DPH	DE Lung Cancer Costs at Each Stage	Completed
9/12/2019	CSA	SEBC	RAND Hospital Transparency Study	Completed
9/26/2019	CSA	SCPD	Brain Trauma Commission - TBI - 2 - Location and Prevalence of follow up activity	On schedule
	CSA	SCPD	Brain Trauma Commission - TBI-1 - Prevalence and Incidence of Injury	Completed
10/7/2019	CSA	DHCC	Delaware Primary Care Assessment 2019 (Dr. Gill)	Completed
12/15/2019	CSA	DMMA	Reporting Extract – IAPD	On schedule
12/27/2019	CSA	DPH	HPV Assessment 11-12 yr olds	Completed
2/12/2020	Acute Care Facility	CCHS	Memory Ambassadors: A Community-Based Neurocognitive Screening Program	Completed
3/19/2020	State of Delaware	DOJ	Child Death Review Commission's Access to Provider Names Data Set	On schedule
5/27/2020	Commercial Research	NTT Data Services	Understanding and predicting chronic disease progression using claims data	Denied
5/29/2020	CSA	DHCC	Total Cost of Care (TCOC) Phase 1 and part of 2	Completed
	CSA	DHCC	Total Cost of Care (TCOC) Phase 2 – 4	On schedule
7/9/2020	CSA	DPH	COVID-19 Underlying Conditions	Completed
7/30/2020	CSA	DOI	Primary and Chronic Care Payment Analysis	Completed
8/7/2020	CSA	DOI	Trends in Cost and Utilization by Care Setting and Service Line	Completed
8/19/2020	CSA	SEBC	SurgeryPlus Alternative Elective OP Services	Completed
10/8/2020	Public Report	DHIN	Telehealth and COVID	Completed
1/8/2021	CSA	DOI	Trends in Cost and Utilization by Diagnosis and Care Setting	Completed
1/19/2021	CSA	SEBC	RAND Hospital Transparency Study 2021	On schedule
3/2/2021	CSA	DOI	Annual Primary and Chronic Care Payment Analysis	On schedule

Public-Facing Reports Using HCCD Data

DHIN HCCD Analytics Portal

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Delaware Health Information Network

Welcome to the DHIN HCCD Analytics Portal

Manage your health information from all providers in one location.

Public Reports Portal

Analytics Customer Portal






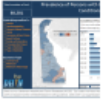

Reporting Entity Portal

Public Reports Portal

Analytics Customer Portal

Reporting Entity Portal

<https://dhin-hccd-portal.medicasoft.us>

	Name ↑↓	Description	Updated Date
	Emergency Department Visits	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.	05/24/2021
	Emergency Department Visits during COVID-19	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.	05/24/2021
	EpiPen Cost Assessment	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.	05/24/2021
	HCCD File Summary Dashboard	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	05/24/2021
	Opioid Related ED Visits	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.	05/24/2021
	Persons at higher risk for COVID-19	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.	05/24/2021
	Telehealth Spending and Utilization Before and	When COVID-19 hit, the US healthcare system pivoted to telehealth for routine care. Since telehealth visits are predominantly paid for by insurers, this report shows the	05/24/2021

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**

Relevant State Legislation, FY21

- **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

Relevant State Legislation, FY21

- **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**