POLICY DEVELOPMENT

Delaware Health Information Network (DHIN)

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DHIN Chief Executive Officer and DHCC commissioner

DHIN Update for Delaware Health Care Commission

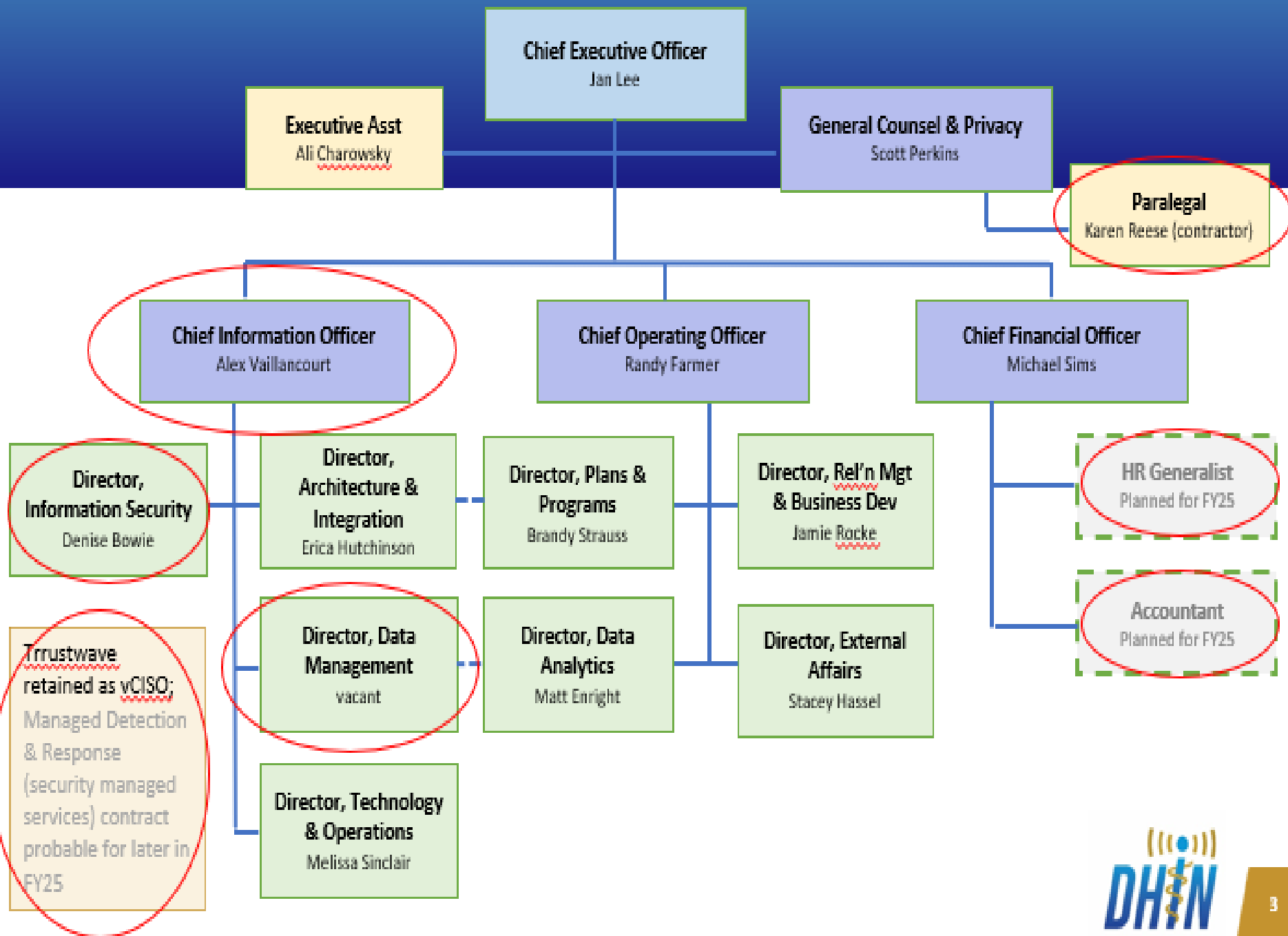*Jan Lee, MD, MMM, FAAFP*

Chief Executive Officer

June 13, 2024

Empowering data-driven decisions

Outline

Looking Back

Current State

Looking Forward

FY24 Work

- ✓ ***CHR replacement***
- ✓ **Maryland reproductive data regs – multiple projects**
- ✓ **HITRUST interim recertification**
- ✓ **ELT Pilot**
- ✓ **ONC Split Learning Phase 1**
- ✓ **Innovation Precision Health onboarding**
- ✓ **MedENT results delivery integration**
- ✓ **Highmark Data Quality Project**
- ✓ **VPN Upgrades**
- ✓ **Sharepoint optimization, Phase 3**
- ✓ **Legal intake & contract mgt tool implement'n**
- ✓ **Various internal automation projects**
- ✓ **Work management tool evaluation & selection**
- • **Delaware Hospice Onboarding**

- • **MPI replacement**
- • **ENS and CG replacement**
- • **CVS A1C CG onboarding**
- • **NXT Insight implementation (clinical data warehouse)**
- • **HIE Access Matrix Creation & Maintenance**
- • **FY25 HITRUST full recertification**
- • **Nemours LIS interface update**
- • **Evergreen Nephrology Clinical Gateway**
- • **Newark Urgent Care – replace EHR integration**
- • **VA/DoD onboarding via eHealth Exchange**
- • **Mackey FP EHR results delivery integration**
- • **Highmark, Nemours SSO projects**
- • **DE Hospital for the Chronically Ill onboarding**
- • **DE Digestive Care – add pathology data**

Drilling Down…CHR Replacement

- **Vendor for "old" CHR made the business decision to stop supporting it**

- **Very short notice – RFP, selection of replacement solution, and implementation extended beyond the period that Audacious Inquiry would support the "old"**

- **They allowed us to continue using, but would not commit to service levels, and would make no changes, even applying security patches in the face of known security vulnerabilities**

- **Replacing the CHR was our primary focus for much of FY24**

- **Phase 1 was to ensure no functionality was lost in the transition**

- **Phase 2 in FY25 will bring enhancements – a prioritized list has been provided to our vendor, and we expect a series of releases throughout FY25**

- **FY25 will also involve an effort to implement functionality already developed, but masked during implementation**

Drilling Down…MPI

- **The Master Person Index (MPI) is foundational technology that touches every service DHIN offers**

- **Enables us to match patient identities coming to us from disparate sources into a single record for a single person**

- **Requires a number of demographic elements to be reported by each data sender in order to get clean matches – some data senders are better than others at consistently supplying the needed demographics**

- **We are transitioning to "referential" matching – our new vendor uses a number of publicly available data sources as well as the data DHIN receives to enhance the match rate**

- **Transition to the new MPI requires meticulous testing and comparison of results to the old solution and "cleanup" of previous unmatched data**

- **We are delighted that through the advocacy of Senator Carper, we have received approval for a congressional earmark to support this very extensive effort**

Drilling Down…ENS and CG

- **Event notification and clinical gateway – related services that enable DHIN to provide notifications of events (hospital or ED admission/discharge) or actual clinical data**

- **Both services require a subscriber to submit a roster of patients of interest**

- **These services are heavily subscribed, along with results delivery and the CHR**

- **The same vendor that let us down on the "old" CHR has been providing the technology to support these services**

- **We want to bring them in house, and have developed our own solutions – actively in testing and expected to be in production by end of FY24**

- **There will be an effort of several weeks/months to transition all subscribers**

Drilling Down… Maryland Regs

- **Maryland requires all HIEs that do business there to register with the State and meet certain requirements**

- **DHIN met most of these requirements, and started FY24 with projects to close the gap**

- **Mid-year, Maryland passed legislation restricting sharing of data related to abortion services; the implementing regulations required significant new development work for DHIN**

- **This unexpected and very burdensome work crowded out a lot of other things – to accommodate roughly 7 Maryland patients annually (for DHIN)**

- **Ironically, shortly after the Maryland law/regs were passed, the HIPPA Privacy Rule was modified at the federal level**

- **Data related to services that were lawful in the jurisdiction where they were provided cannot be used for law enforcement purposes elsewhere**

Other Significant Work – ELT Pilot

- **Payers must produce an extract of claims data from their systems that conform to DHIN's content and format requirements**

- **Submission of claims data has involved a lot of rework for both payers and DHIN**

- **We piloted an alternative approach that would have the payers send us raw transactional claims files in near real time and have us do the necessary "packaging" on our end**

- **The pilot was successful; now comes the non-trivial effort to scale up!**

Other Significant Work…Analytics

- **Continued work with the State on the Cost Aware project**

- **Establish clinical data warehouse (NXT Insights) and technical capability to draw on clinical, claims, or both data sets for analytics work**

- **Implement tools to normalize document-based data, enable its use in analytics, HEDIS measure calculations, other use cases**

- **Change to DHIN Board By-Laws – convert the HCCD Administrative Committee to a Data Access Committee**

- **The reconstituted Data Access Committee will adjudicate requests for access to both clinical and claims data for analytics projects**

Relevant Legal Developments

- **Updated HIPAA Privacy Rule – already mentioned**

- **Harmonization of HIPAA and 42 CFR Part 2 consent to share requirements**

- **HIPAA allows sharing of data without patient consent for a limited and well-defined set of use cases. (DHIN honors a patient's request to opt out of sharing, even if sharing is legal)**

- **42 CFR Part 2 addresses sharing of Substance Use Disorder data – affirmative consent to share must be granted by the patient, and there are a number of required elements in a valid consent**

- **The updated rule still requires affirmative consent to share SUD data, but gives greater flexibility in the scope and duration of consent and aligns with HIPAA in enforcement/penalties and Notice of Privacy Practices requirements**

- **Clarifies the allowable role of HIEs in sharing SUD data**

FY25 Planned Work

- **Continue CHR, ENS, CG enhancements**
- **HITRUST full assessment (including new CHR)**
- **TEFCA onboarding**
- **Ongoing internal projects for efficiency, modernization, compliance**
- **Continued efforts to grow and mature our analytics service line**
- **Onboarding projects (data senders, service subscribers)**
- **Work with DSAMH on their Care Coordination platform (DTRN-260)**
- **Ongoing work to enable patient access to data through the app of choice**
- **Ongoing work to simplify collection/documentation of patient consent to share data**
- **Ongoing work to support payers in their HEDIS measure data collection**

Strategic Themes

- **FY25 will be Year 4 of our current five-year strategic plan**
- **Major strategic themes continue to be:**

New Sources/Types of Data	• Claims, Behavioral Health, SDOH, other?
Strengthen Our Ties to the State	• 75% of current analytics work is for State agencies • Establish solid relationship with incoming administration
Business Sustainability	• The market for DHIN's historic core services is tapped out • Cost of doing business continues to grow • New service lines and new markets are crucial for sustainability
Maintain Our Current Strengths and Advantages:	• Trusted, neutral, not-for-profit providing a public good

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Q & A?