DHIN – Innovative Solutions That Make Health Data Useful





Jan Lee, MD Chief Executive Officer 4.06.2017

DHIN is a Statutory Entity

(16 Del. Code Chapter 103)



Purpose of DHIN is Broad

"Promote the design, implementation, operation and maintenance of <u>facilities</u> <u>for public and private use of</u> <u>health care information</u> in the State."

 "DHIN shall be the State's sanctioned provider of HIE services" (§10301)

Powers and Duties are Expansive

- All powers of a not-for-profit Corporation
- Communicate clinical and financial information
- Monitor community health status (population health)
- Reliable source of information for consumers and purchasers
- Promote efficiency and improved communication across the entire healthcare ecosystem
- Work with governments and other states to integrate into or with the DHIN and/or assist them in providing [RHIOs]
- "Develop or design <u>other initiatives</u> in furtherance of DHIN's purpose"

Historical Context



FORMATION

1997 -- 2005

- **Enabling statute; DHIN** under HCC
- **Building trust**
- Consent model
- Financial model
- Assessment of technology
- **Promulgation of DHIN** regulation
- Contract for day-to-day management of DHIN
- Environmental scan
 - Level of EHR adoption
 - Availability of broad band connectivity
 - Prioritization of service development

CAPITALIZATION

2006 -- 2010

- AHRQ grant (1/3)
- State Capital Bond Bill (1/3 - 5-yr pledge)
- Private \$-for-\$ match required to draw down State funds (1/3)
- Financial model based on cost recovery
- **Exclusively focused on** core services (results delivery & longitudinal community health record)
- 2010: HIE Cooperative Agreement, MU

SUSTAINABLE BUSINESS

2011 -- 2016

- Statute amended; DHIN to function as a selfsustaining business
- Hire of CEO and staff
- Value-based business model
- Market saturation with core services
- Modest expansion of service lines
- **Execution of HIE** Cooperative Agreement
- No State bond bill funding since FY 12
- Lowered participation fees in FY 16
- Fully executed FY 12 FY 16 business plan

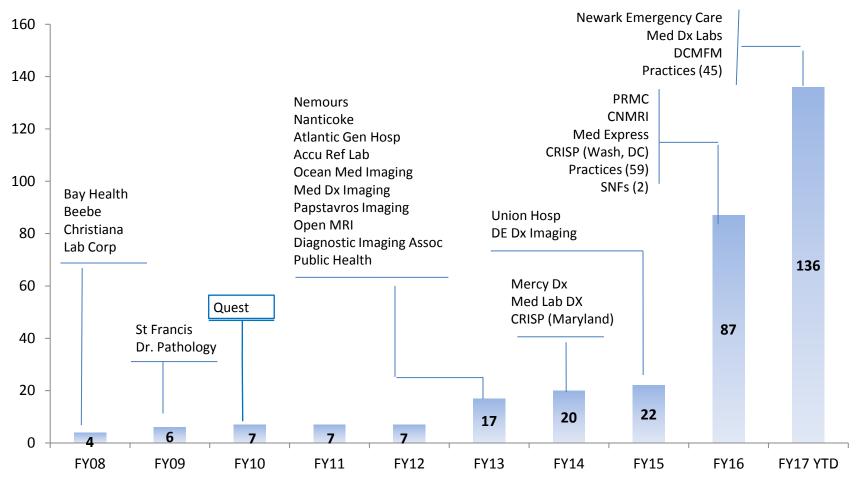
INNOVATION / **EXPANSION**

FY 17 →

- Additional service lines to fulfill statutory purpose, powers and duties
- 6 State statutes (FY 15 and FY 16) give specific role to DHIN
 - **DMOST**
 - Claims Database
 - Pre-Auth
 - Newborn Screening
 - Genetic testing
 - Lay Caregiver
- Current grants expand services, constituents
 - Consumer tools
 - LTPAC, BH
 - **Analytics**
 - **Ambulatory CCD**

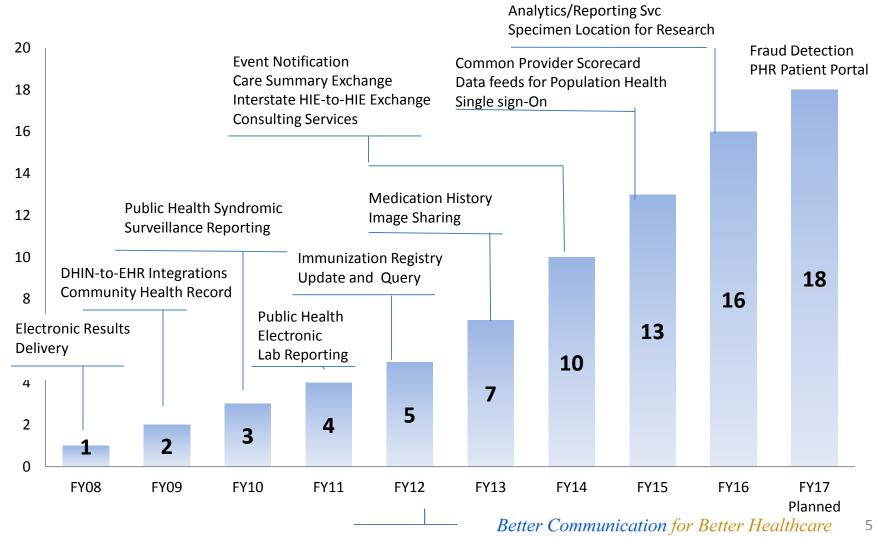
Growth in Data Sources





Growth in Services & Capabilities





Direct Secure Messaging

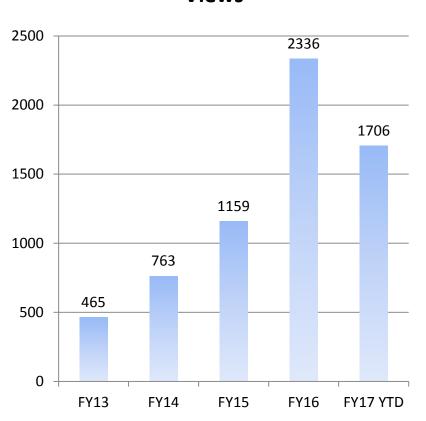
Callout: Services Relevant to SIM

- Behavioral Health Integration
- Event Notification Service (ENS)
 - Supports care coordination at transitions of care setting
- New Data Sources
 - Telehealth
 - Walk-In/Urgent Care
 - Ambulatory Practices
 - Nursing Homes
 - Other State HIEs
- Analytics tools
 - Common Provider Scorecard
 - Health Care Claims Database (coming soon)
- Consumer Engagement Tools

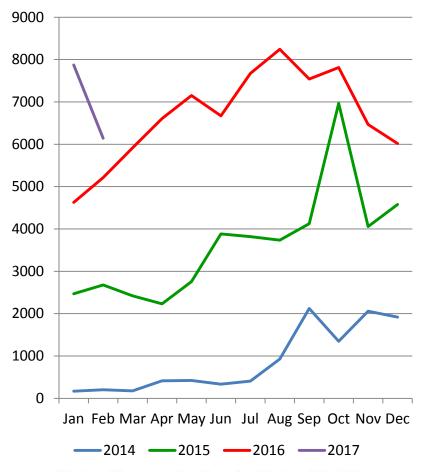
CHR Chart Views: Special Constituencies



SNF Average Monthly Chart Views

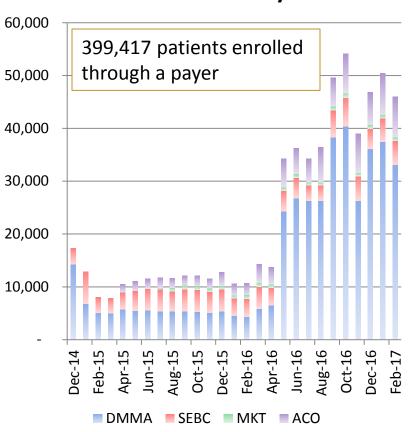


Behavioral Health Chart Views

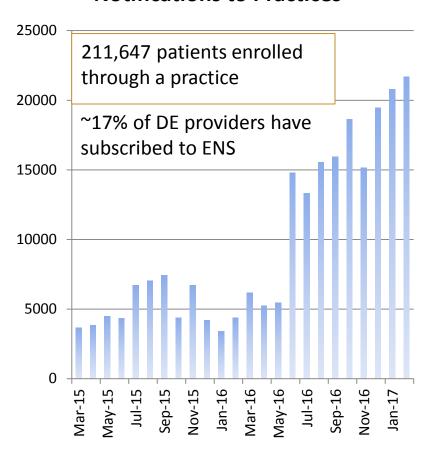


Event Notification

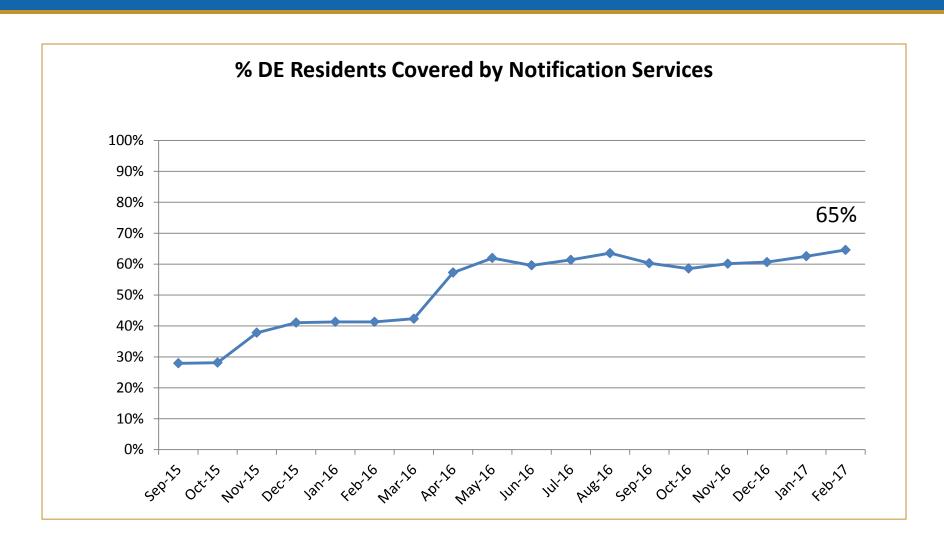
Notifications to Payers



Notifications to Practices



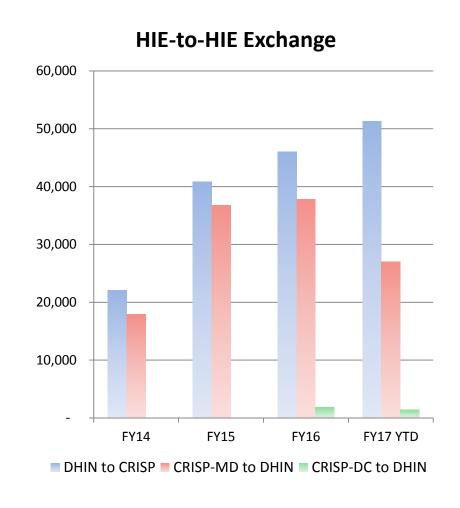
Event Notification



New Data Sources



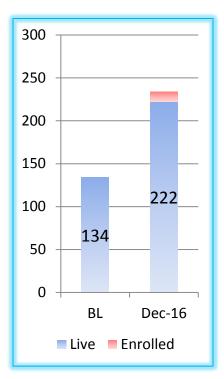
- Telehealth MDLive
- Walk-In/Urgent Care
 - MedExpress (5 locations)
 - Newark Emergency Care
 - Ambient Care
 - Lewes Surgical and Urgent Care
- Ambulatory Practices
 - ~13% of DE practices
- Nursing Homes (8)
- Other State HIEs (MD, DC, NJ, WV, SEPA)



Analytics Tools

Common Provider Scorecard

Version 2, Release 4 deployed Mar 23, 2017



Health Care Claims Database

- Working w/ Freedman Consulting
- Draft regulation 3/31
- DHIN staffing plan 3/31
- RFP for vendor selection Q2 CY17
- Vendor selection Q3 CY17
- Implementation is contingent upon convincing DHIN Board that it is sustainable

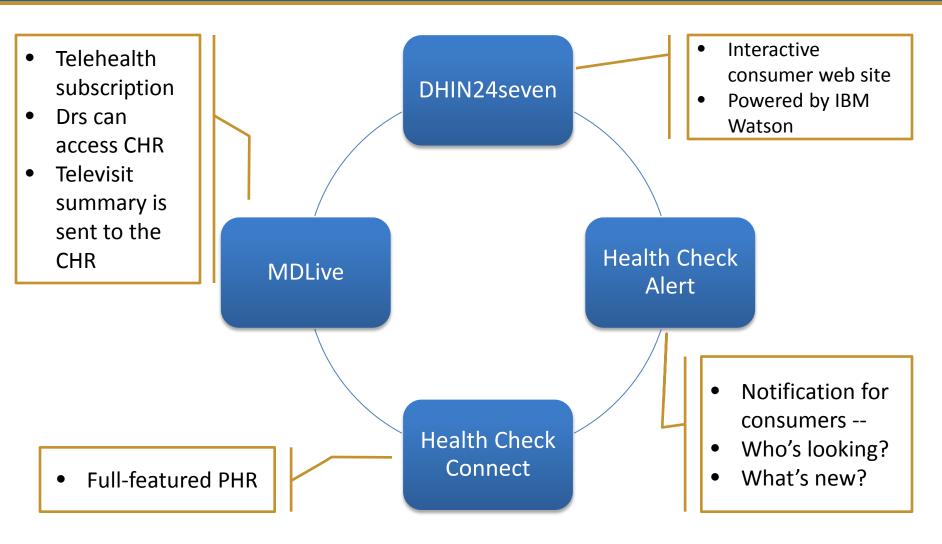
Consumer Focus Group Findings:

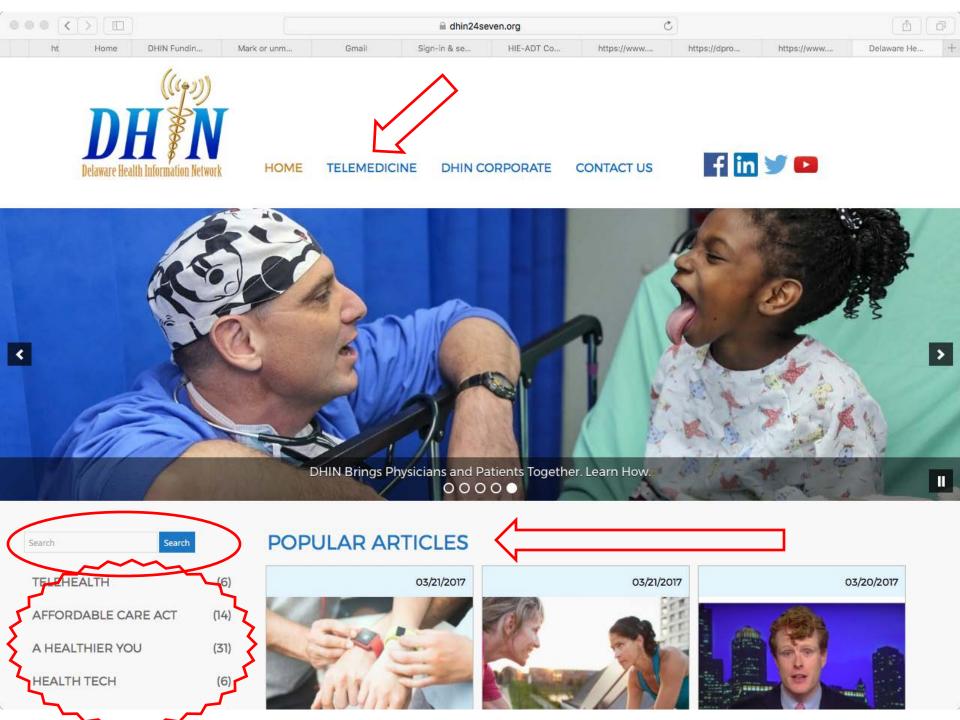
- Few consumers are aware of DHIN
- Biggest concerns:
 - Security and privacy
 - "Who's looking at my stuff?"
 - What's there?
- Marketing emphasis:
 - Security
 - Accurate and reliable health info
 - Consumer sees what the doctor sees -- transparency

- Multiple patient portals

 fragmentation, less likely to use
- Those w/ children or a chronic illness are most likely to use a patient portal
- Telehealth valued over patient portal or PHR
- Do not want to have to pay for access to their health data

A Suite of Complementary Services







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DHIN Fundin...

Telehealth

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Sign In



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Through Delaware Health information Network (DHIN), the special MDLIVE telehealth monthly price is \$14.95 for single and \$19.95 for family. Your initial payment will be charged to your credit or debit card when you enroll. Future payments will be charged to your card each month on your chosen effective date.



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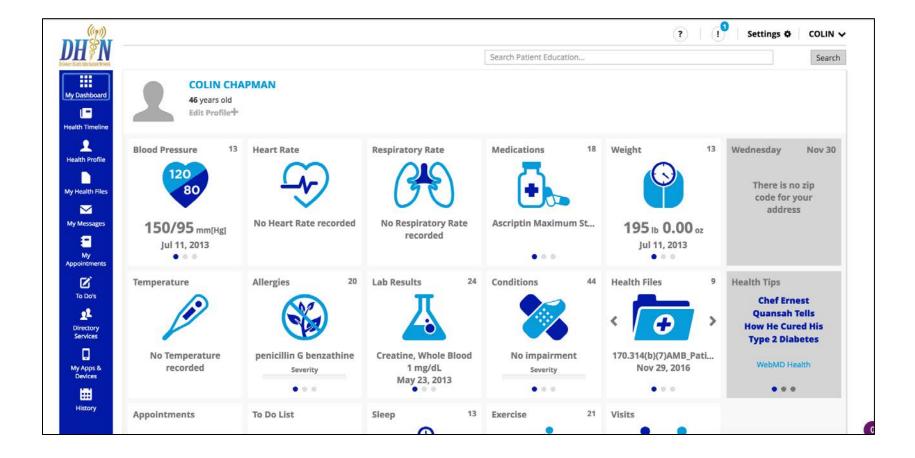


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POWERED BY DHIN



Goal for the End State:

Consumers can access all of their health data across geography, time, and care settings through a single login

- An existing patient portal can call data from the DHIN CDR via API
- A practice without a portal can use a practicebranded instance of the PHR (must be sending CCDs to DHIN in order for patient to see the practice's data)
- A DHIN-branded instance of the PHR will be provided for patients with no other option

A Practice-Branded Instance

Delaware Heart and Vascular, PA Health Check Connect

Your Personal Health Information Resource

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FACE

Privacy Policy Terms and Conditions



Consumer Reaction to the Suite

- "A telehealth subscription is less than the copay for a single office visit!"
- "You mean the telehealth doctor can see my complete record?"
- "You mean the record of the telehealth visit gets included in my complete record, so my doctor will know?
- "You mean I can see the same information that my doctor has about me?"
- "You can send me an alert about new information so I know when to check the PHR?"
- "You can let me know any time someone looks at my data?"

Consumer Marketing

General: 30 TV Spot

Broken Leg Spot

Fingertips Spot

Summary:

- DHIN is fulfilling its statutory purpose
- DHIN is a unique resource
- DHIN is financially stable operational revenue covers operational expenses
- The value of DHIN grows with increasing participation
- Ideally, all participants should both receive and contribute value
- DHIN is an important tool in achieving the "Triple Aim" of better care, healthier people, and lower costs
- Technology is an enabler, not an end in itself...
- ...But you can't do transformation without technology
- DHIN stands ready to provide additional tools and services as demand dictates and funding enables

A Health Information Ecosystem...



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