DHIN – Innovative Solutions That Make Health Data Useful

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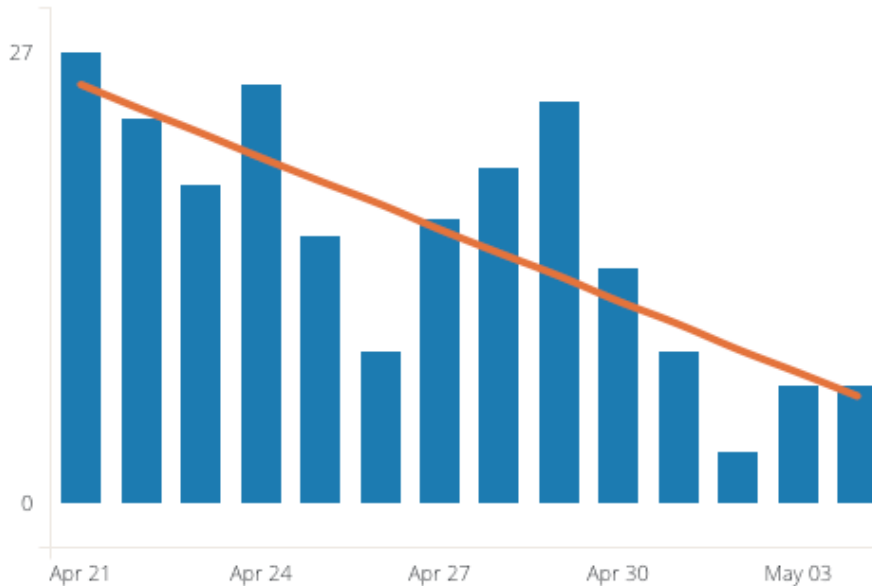*Better Communication for Better Healthcare*

Outline

- DHIN and COVID-19

- DHIN and the Health Care Claims Database

- Other FY20 Work / Accomplishments

- Work Planned for FY21

DHIN's Role in COVID-19

New Hospitalizations
LAST UPDATE: 05/04/2020

New Hospitalizations   Trend Line

Courtesy of the Delaware Health Information Network

https://myhealthycommunity.dhss.delaware.gov/locations/state

Deliver test results to ordering provider

Populate the CHR with test results

Enrich lab results reported to DPH with race/ethnicity

Provide daily updates to DPH on new hospital admissions for COVID-19

Seeking a role in supporting testing, contact tracing during phased reopening of the State

Better Communication for Better Healthcare   3

Health Care Claims Database

Data Collection

- 7 years of claims from 10 submitters covering ~60% of DE citizens
- Receiving monthly data submissions
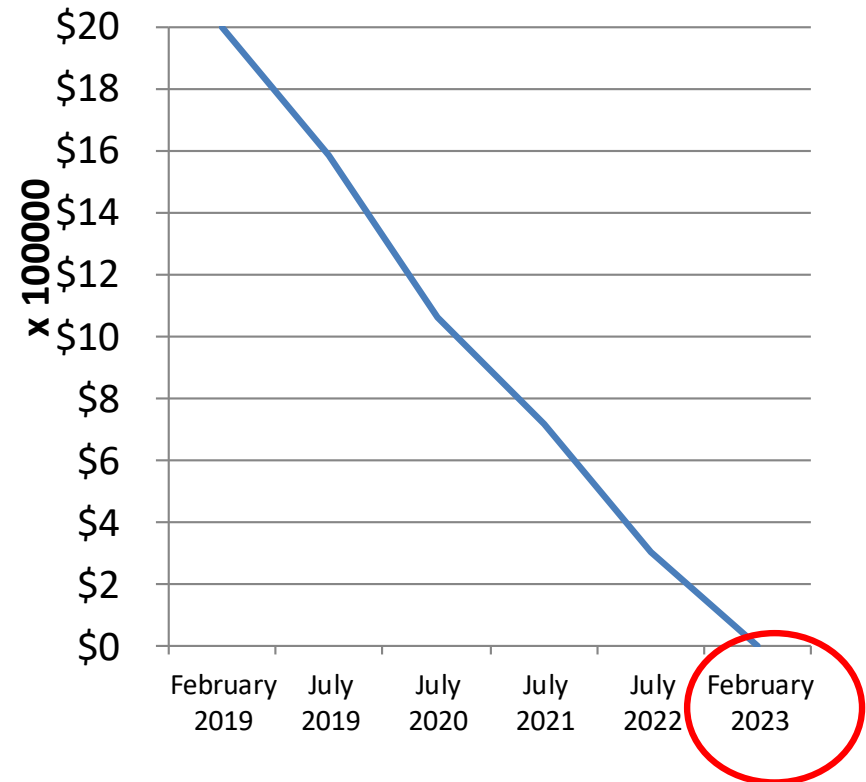
Data Quality

- Level 1 – does the data submitted conform to the required format and content?
- Level 2 – "reasonableness" checks
- Several hundred level 1 & 2 quality check applied, discrepancies reviewed with submitters
- Data resubmitted if necessary
- Currently, taking 4-6 months to get fully analytics-ready data
- Data through Q3 of CY2019 is fully analytics-ready

Application Activity: 2019 – 2020

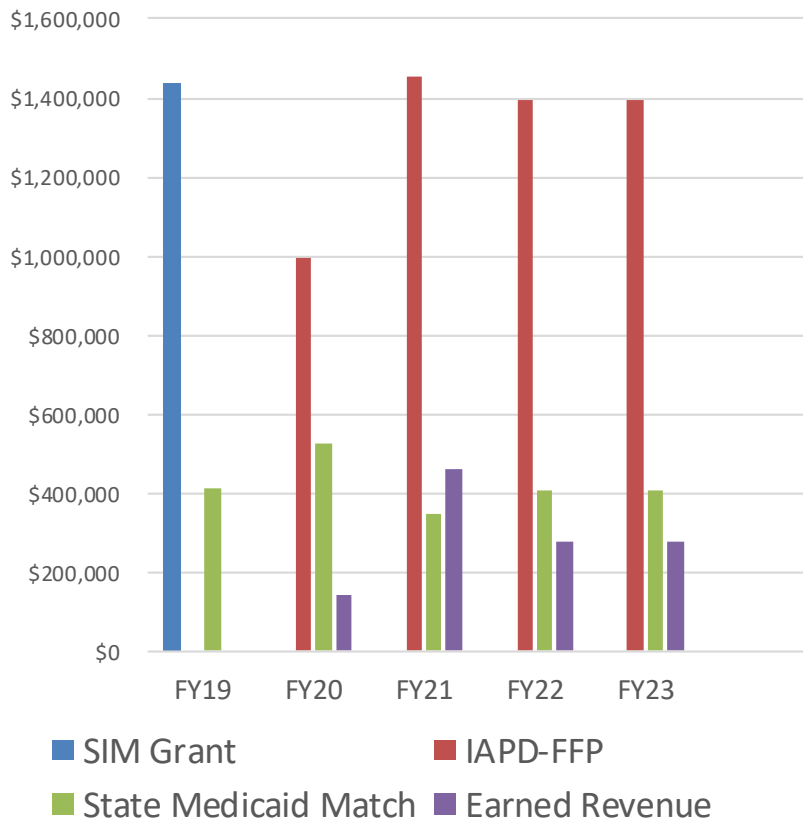| Month/Year	ORG NAME	PROJECT TITLE	Revenue
Feb-19	Remedy Partners, LLC (Commercial research)	Social determinant study	Denied application
Mar-19	State Employee Benefits (SEBC)	SEBC Elective Surgery Extract for Center of Excellence	Collaborating Agency
Jun-19	Centers for Disease Control	Environmental Health Project	$78,000
Jul-19	DE Div'n Public Health	DE Lung Cancer Registry Research	Collaborating Agency
Sep-19	State Employee Benefits (SEBC)	RAND Hospital Transparency Study	Collaborating Agency
Oct-19	Brain Injury Committee (BIC/ DDS)	Brain Trauma Services Study	Collaborating Agency
Oct-19	Delaware Health Care Commission	Delaware Primary Care Assessment 2019	Collaborating Agency
Dec-19	DE Div'n of Public Health	HPV Assessment 11-12 yr olds	Collaborating Agency
Feb-20	Christiana Care Value Institute	Impact of a Community-Based Neurocognitive Screening Program	Not yet specified. Est. at $24,000
Apr-20	Child Death Review Commission (DE DOJ)	Report of patient-Provider activity only	Approved
pending	Delaware Health Care Commission	Price Transparency reporting 1.5 year project	$267,000 for Analytic services

HCCD – Funding and Sustainability

- Initial implementation through federal grants (ONC and SIM)

- Additional one-time State appropriation ($2M) – exhausts in Feb '23

- Medicaid enhanced federal match (90/10 →75/25)

- Ongoing federal match requires ongoing State match

- Paying customers

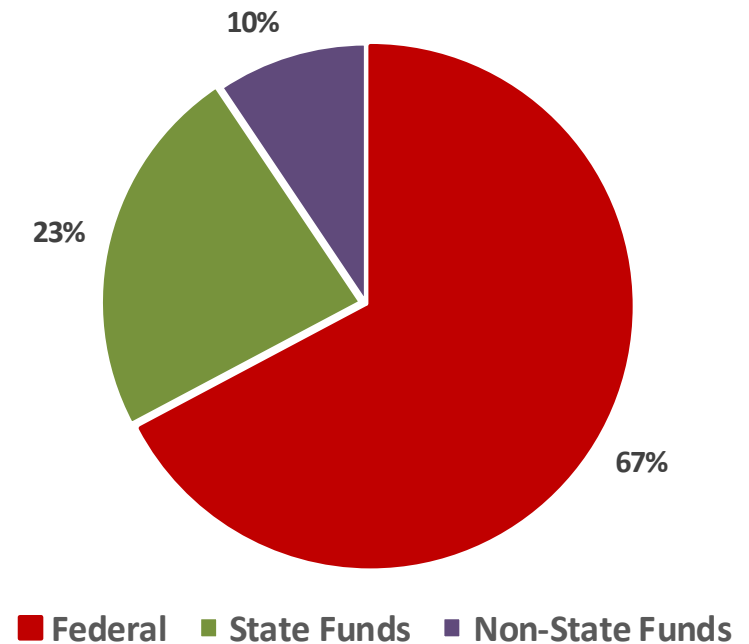**State $2MM HCCD Appropriation Spend-Down**

HCCD Funding Sources

Annual Funding by Source

Legend:
- SIM Grant
- IAPD-FFP
- State Medicaid Match
- Earned Revenue

HCCD Funding Sources Aggregated FY19-FY23

- 10%
- 23%
- 67%

Legend:
- Federal
- State Funds
- Non-State Funds

HCCD Purpose and Goals

Statutory Purpose

- Foster the **"Triple Aim"** of improved care, improved healthcare quality and experience, and affordability

- Support **population health** research and analysis

- Assist health-care entities in assessing and managing **financial risk** for care of a population,

- Improve the public health through increased **transparency** of accurate health-care claims information

Goals

- **Support requests of State agencies** and provide a meaningful return on the State's investment in the HCCD

- **Improve the utility of the data** with enhancements (flags, groupers, etc.)

- **Provide ease of access** to these data for a varied customer base

- Improve the **financial stability** of the analytics service line by both cost reduction and revenue generation.

FY19-20 – Implementation & Stabilization

Key Activities

- Establish data access governance
- Implement privacy/security controls
- Compliance monitoring
- Acquire CMS FFS data for 2015-2018
- SFTP Access management
- Establish annual payer registration process
- Develop and implement level 1 (specification compliance) and level 2 (reasonableness) data quality checks
- Document permitted exceptions to Data Submission Guide requirements
- Implement claims versioning

Outcomes & Deliverables

- Stable, analytics-ready environment with 7 years of data (2013-2019)
- Accept and initiate fulfillment of 10 analytic requests by 6/30/20
- **Publish at least 5 public-facing reports**

FY21 – Data Enhancements, Automation, Ease of Use

Key Activities

- Implement a set of internally developed and coded data enhancements
- Develop private portal for payer data validation reports
- Begin QE certification process
- Define, design and deliver a data extract to the DMMA
- Automate data intake and validation
- Complete data enhancements specific to Create a SQL Library and other documentation knowledge bases
- Begin conversation for contracting with research organizations and Universities

Outcomes & Deliverables

- Extracts and reports for State agencies
- A licensed payer portal for receipt of data quality reports
- Automated file transfers and person identity matching
- Publish at least 5 additional public-facing reports

FY22 – Report Repertoire; Expand Customer Base

Key Activities

- Continue data enhancements
- Apply a proprietary Risk Adjustment enhancement
- Develop provider-based quality reporting
- Develop private portals for state agencies and varied users
- Continue QE certification process
- Educate staff on HEDIS and NCQA measures, MACRA and MIPS
- Begin HCCD value conversations with self-funded plans
- Align HCC data specifications to APCD common data layout

Outcomes & Deliverables

- Private portal for a State agency for access to an approved data set
- Private portal for a non-State customer to review a de-identified data set in preparation for a data extract
- Health quality reports available for payers, providers, and ACOs (new customers)
- Achieve HITRUST certification
- Publish at least 5 additional public-facing reports

FY23 – Connect Clinical & Claims Data; Expand Data Sources; Financial Sustainability

Key Activities

- Conduct discovery sessions with CHR and PHR users for determining Claims values needed in clinical apps

- Define the project to connect claims to the CHR and PHR

- Onboard data from a self-funded plans

- Negotiate support level from DMMA for securing IAPD Medicaid Match dollars

- Complete documentation phase of QE certification

Outcomes & Deliverables

- **Achieve QECP certification**

- A published article based on HCCD data

- Risk scores are an available element in the data set

- Claims and clinical data are linked at the person level and clinical proxy claims elements are exposed in the clinical applications (CHR, PHR)

- **Enroll one or more voluntary reporting entities including at least one self-insured plan**

- Publish at least 5 additional public-facing reports

Other FY20 DHIN Work

- Continued migration to cloud architecture

- Onboard three additional commercial labs

- Onboard additional outpatient practices to send episode of care summaries

- Implement services for additional customers

- Expanded data exchange with Maryland HIE

- On-board eHealth Exchange (Phase 1)

- HITRUST recertification (Framework of security best practices)

- Assorted projects for individual stakeholders

- Assorted projects for internal optimization and efficiency

- Continued training and implementation of ITIL framework of best practices in IT Service Management

Major Themes for FY21 Work

1. Results delivery – pursue zero defects

2. Internal optimization
   a) Automate everything we can
   b) Role optimization

3. Grow the HCCD/analytics service line

4. Strengthen ties to existing customers
   a) Relationship building
   b) Service enhancements; service levels

5. Attract new customers / market segments

6. Prepare for robust future growth

Work Planned for FY21

- Third party assessment of DHIN's impact

- Develop a new 5-year strategic plan

- Ensure readiness for TEFCA

- Work for DSAMH

- Continued infrastructure modernization

- Ongoing internal efficiency initiatives

- Pursue legal/contractual terms to allow the mix of clinical and claims data and use of both for analytics

- Parse CCD content into discrete HL7 data elements

- Implement a consent management tool that is 42CFR Part 2 compliant

A Health Information Ecosystem…

… in which all participants both contribute and receive value