

Regional Approaches to Enhancing Post-Acute and Long-Term Care

Speakers

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Disclosure

- DHIN has no financial interests or relationships to disclose in this presentation

Objectives

- Understand how utilization of available population health information (data) may enhance outcomes of care, especially during the COVID-19 pandemic
- Gain knowledge and understanding of how care coordination can be improved with the point of care data and care alerts available through the health information exchange
- Define relationships for purposes of HIPAA compliance when accessing patient records

Participation Levels

DHIN Connections Across Delaware & Beyond

873 Participating Organizations Including:

9 Hospitals/Health Systems

492 Ambulatory Practices Receive Results

370 Search Only Practices

4,066 Providers Who Make Orders

18 Urgent Care Clinics

3 Public Health Agencies

4 ACOs

47 LTAC, SNFs and Nursing Homes

Connections to HIEs: CRISP in MD & HSX in PA



DHIN provides participating organizations access to 150 MM clinical messages & results on 3MM unique patients and the ability to securely share a patient's clinical information electronically—saving time, money & lives

DHIN Key Facts



Regional Footprint

Includes patient data from all or parts of five states and the District of Columbia



Analytics Offerings

Putting clinical and claims data to work for health systems, government agencies, and large employers



HITRUST CSF Certified

Independently verified network and data security leveraging industry best practices



3 Million

Patients from all 50 states are included in the DHIN master patient index



14 Million

Deliveries of clinical results and reports each year in Delaware



150 Million

Clinical results and messages since DHIN's launch in May 2007



\$43 Million

The amount of annualized benefit from DHIN's core data services



\$4:\$1 Value Ratio

For every \$1 in operational revenue DHIN drives \$4 back to stakeholders in value



11,000+ professionals

In healthcare use DHIN in their day to day care of patients

Our Services



1/ Community Health Record

On-demand access to 150m+ clinical results, patient demographics and insurance information for nearly three million unique patients.



2/ Event Notification

Real-time ER and inpatient encounter alert system covering 100+ hospitals across the mid-Atlantic.



3/ Care Summaries

Seamlessly make care summaries available to other care providers and patients through an automated send of care summaries to DHIN.



4/ Results Delivery

Receive orders from 30+ participating hospitals, labs and radiology firms via secure inbox, autoprnt and 30+ integrated EMRs.



5/ Direct Feed to Patient Portal

A one-stop-shop portal with results and care summaries that patients need or make DHIN's patient portal your own.

Notable Achievements

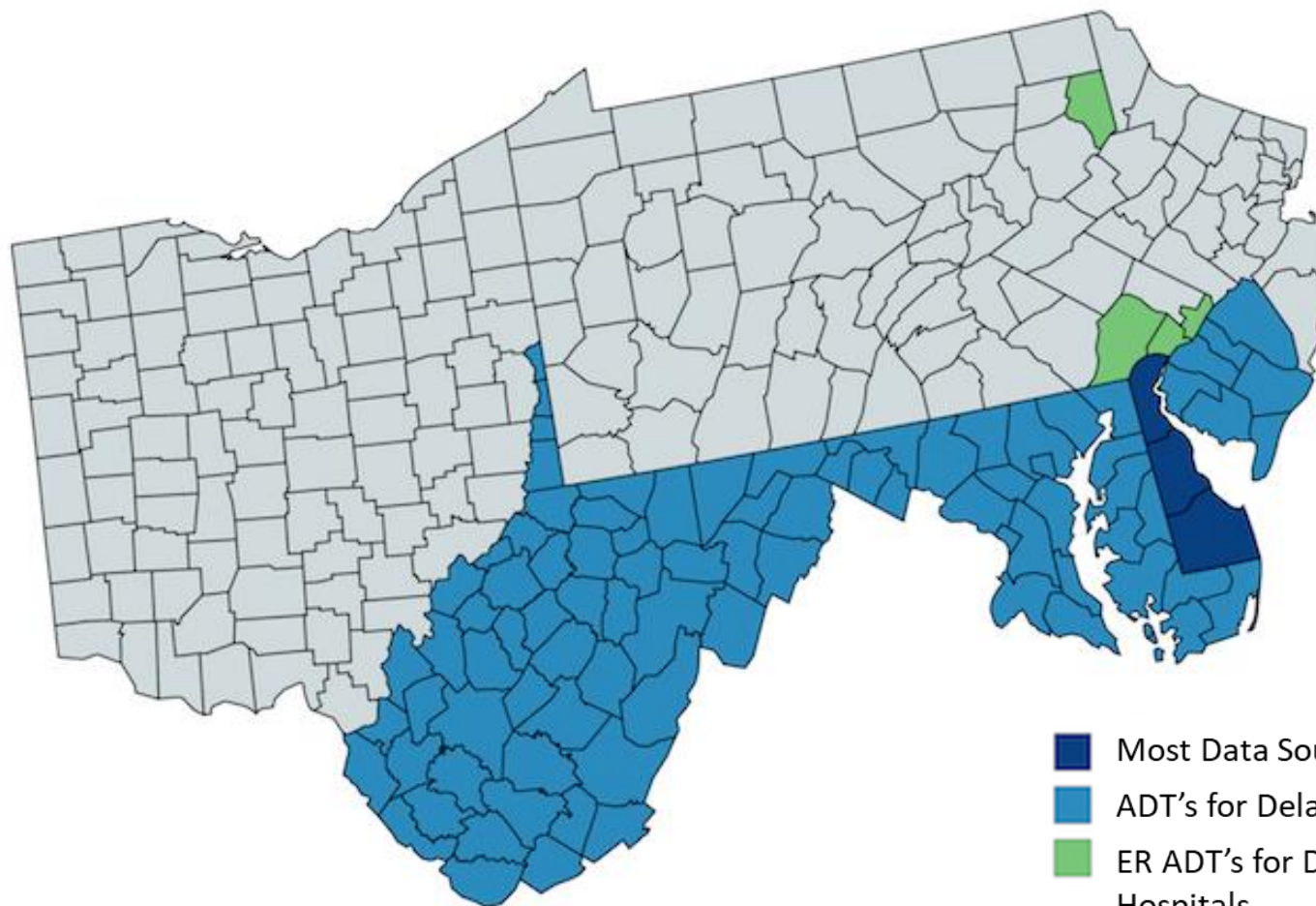
First operational statewide health information exchange (2007)

- Incubated within the State, spun off in 2011

Financially self-sustaining (2012)

- FY16 – reduced participation fees by 10%
- FY19 – reduced participation fees by 8%

Geographic Sources of DHIN Data (Clinical)



- Most Data Sources for Delawareans
- ADT's for Delawareans
- ER ADT's for Delawareans – Select Hospitals

Clinical Data

Data We Have

Hospitals – 100%

Laboratories – ~100%

Imaging Centers -- ~ 95%

Neighboring State HIE – 5
(MD, DC, WV, NJ, and 6 facilities in
SEPA)

Outpatient Practices (CCD) --~23%

Urgent Care/Walk-In Facilities – 3%

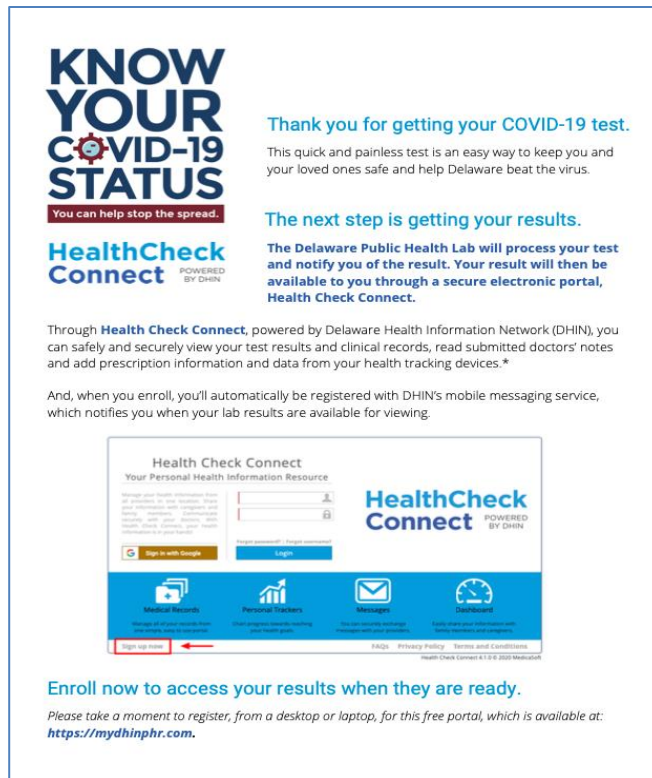
Post-Acute Facilities (SNFs, home
health)– 9%

Data We Don't Have

- Pharmacy Data (except in claims)
- Dental Data
- Most Outpatient Practices
- Most urgent care / walk-in
Facilities
- Most post-acute
- Most telehealth encounters
- Access to State-managed data
(social determinants of health)

COVID-19 Related Activities

On-line secure portal for Consumers and Patients to access their clinical information, including COVID results included in DHIN.



KNOW YOUR COVID-19 STATUS
You can help stop the spread.


HealthCheck Connect POWERED BY DHIN

Thank you for getting your COVID-19 test.
This quick and painless test is an easy way to keep you and your loved ones safe and help Delaware beat the virus.

The next step is getting your results.
The Delaware Public Health Lab will process your test and notify you of the result. Your result will then be available to you through a secure electronic portal, Health Check Connect.

Through **Health Check Connect**, powered by Delaware Health Information Network (DHIN), you can safely and securely view your test results and clinical records, read submitted doctors' notes and add prescription information and data from your health tracking devices.*

And, when you enroll, you'll automatically be registered with DHIN's mobile messaging service, which notifies you when your lab results are available for viewing.



Enroll now to access your results when they are ready.
Please take a moment to register, from a desktop or laptop, for this free portal, which is available at: <https://mydhinphr.com>.

Since July of 2020, Delawareans enrolling in Health Check Connect has increased from 763 enrollees to over 19K.

COVID-19 Related Activities

COVID and New Roles for DHIN

- Nearly doubled our pre-COVID levels of average number lab results processed by DHIN (FY21)
- Delivered over 100,000 alerts and notifications each month to payers and providers (including COVID test results)
- Electronic reporting to Public Health (SS and ELR) – 5 new labs since COVID outbreak; 3 MD hospitals
- Enriching labs to DPH with demographic data (race, ethnicity)

COVID-19 Related Activities

Cont. COVID and New Roles for DHIN

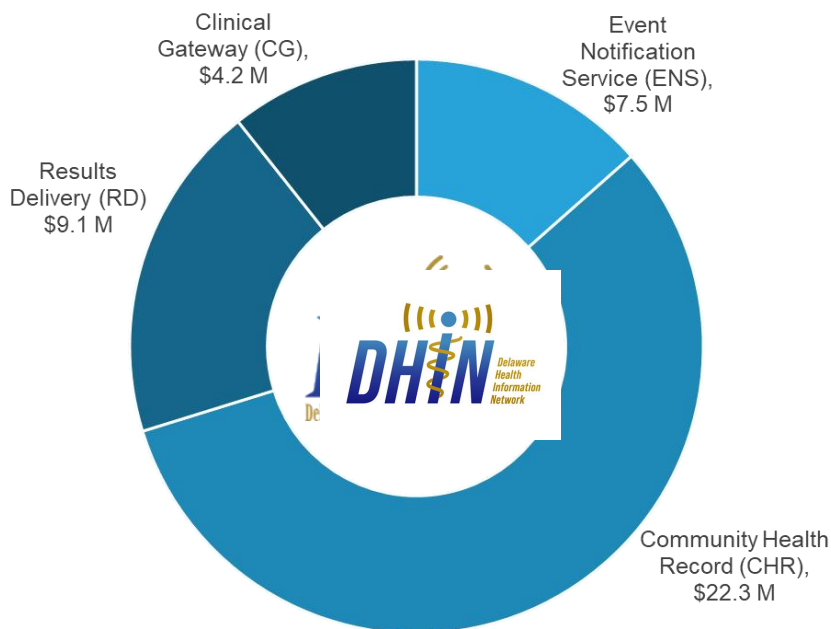
- Daily updates to DPH on number of new COVID hospital admissions – reported on public-facing website
- Final common data pathway to the Delaware Contact Tracing database (with enrichment & deduplication)
- Providing de-identified data to DPH for reporting underlying conditions in COVID deaths
- Provided the patient-facing resource for DPH COVID labs, providing secure online patient access to their COVID results (as well as their other test results in DHIN)

2021 3rd Party Value Assessment

Over \$43 million in value provided annually

- Community Health Record (CHR)
- Results Delivery (RD)
- Event Notification Service (ENS)
- Clinical Gateway (CG)

Top 4 Core Services



With \$9-10M in annual operating revenue, DHIN core services returns \$4 for every \$1 in Operating Revenue.

Community Health Record (CHR)

FY 20 Average Daily Views by Customer Group

Practices	44,000
Inpatient	3,600
State	2,700
SNF/Post-Acute	1,900
Behavioral Health	1,100
ED/Urgent Care	1,000
Other	14,800

Monthly CHR use increased 38% from FY20 to FY21 (year-to-date, 4/21)

One connection to the CHR saves time & resources. Providers, hospitals, labs, etc. can view current information & historical medical records when & where the information is needed.

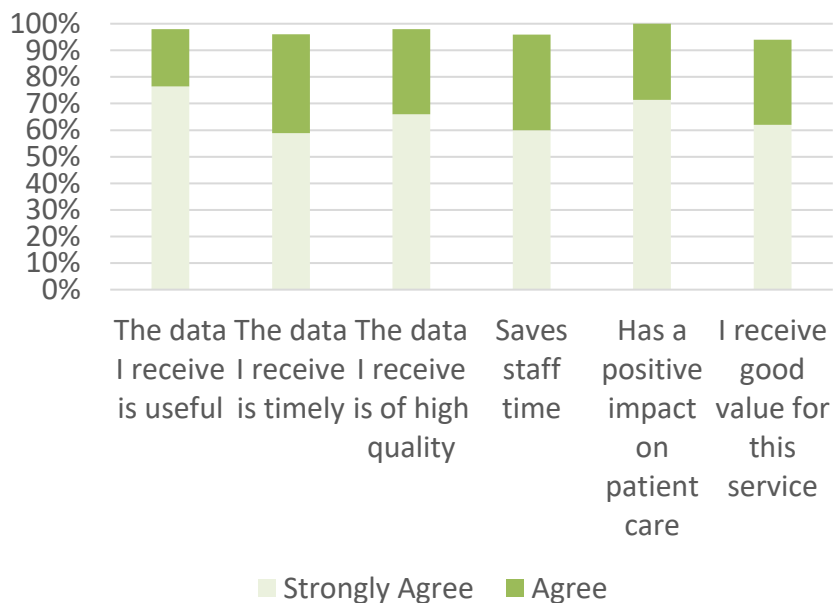
Requesting & collecting information from multiple sources can require 5 to 10 minutes per chart accession. Based on FY20 volumes:

Minimum Annual DHIN Impact on Labor Efficiency:
\$17.7 M

Community Health Record (CHR)

Customer Satisfaction

2020 Stakeholder Satisfaction Survey*



The CHR provides secure, longitudinal information (diagnosis, encounters, results, etc.) to clinical decision makers at the point of care.

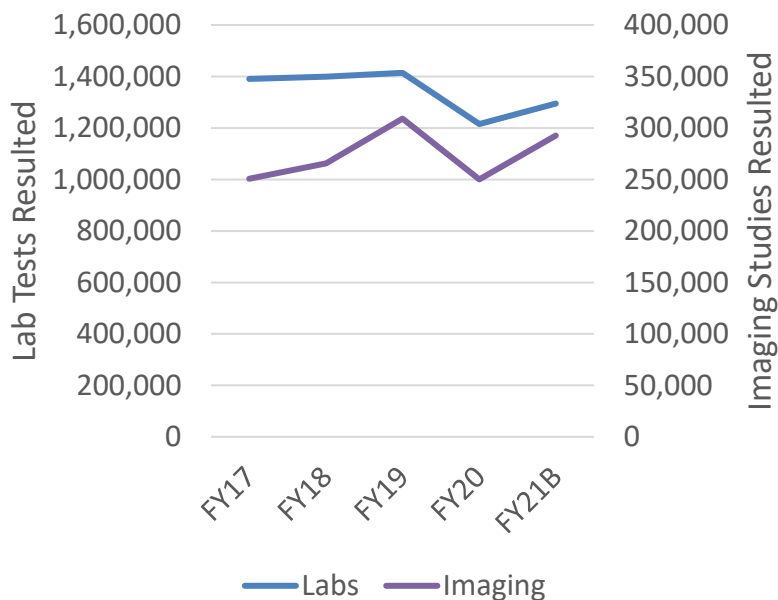
“Helpful to get patient records. Doctors’ offices do not answer their phone, so calling them for records is very time consuming. DHIN is faster and easier”

.... “Having the records we need in a timely manner instead of going to other outside sources”

The CHR is viewed 71,000 times per day across the state and 180 views a day by the average ambulatory practice

Community Health Record (CHR)

Number of Test Results in DHIN



Timely access to the CHR improves the provider’s ability to diagnose, make treatment decisions & coordinate care with others.

“Allows our practice to know if our patients have been seen by another facility, along with any lab results/studies done”

“We have a significant number of patients that live in southern Delaware and DHIN allows us to easily connect with admission, ED, and labs info to make timely plan of care decisions”

“Being able to see results done by other providers so I don’t duplicate”

An estimated 5 to 10% of tests & paid claims are avoided, at \$30 per lab test & \$200 per imaging exam. Based on FY 20 volumes:

**Minimum Annual DHIN Impact Annual on Duplicate Testing:
\$4.6M**

Event Notification Service - ENS

ADT's from acute care encounters trigger alerts from patient-based panels

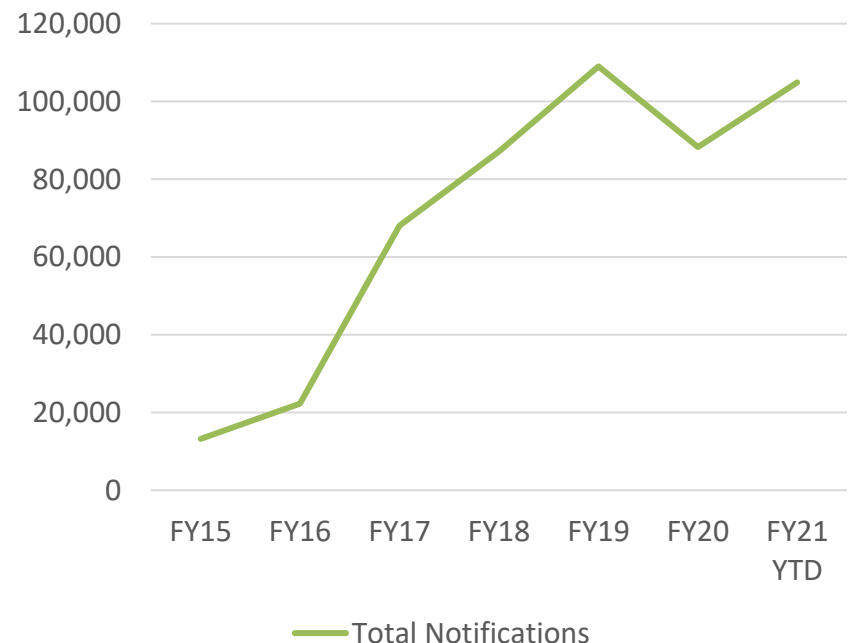
ACOs, providers with attributed patients & payers use the ENS to reduce ED visits & readmissions. By tracking alerts & examining trends, patients can be more quickly engaged, educated & care transitions managed.

“As an ACO, ENS is a great service. The availability to reference patient's visits to other facilities and determine care that was received elsewhere to help compliment what we offer.”

“The ability to know when our patients go to the major health systems especially the emergency room.”

**Minimum Annual DHIN Impact:
Reduction of Medicaid ED visits only -
\$7.5 M**

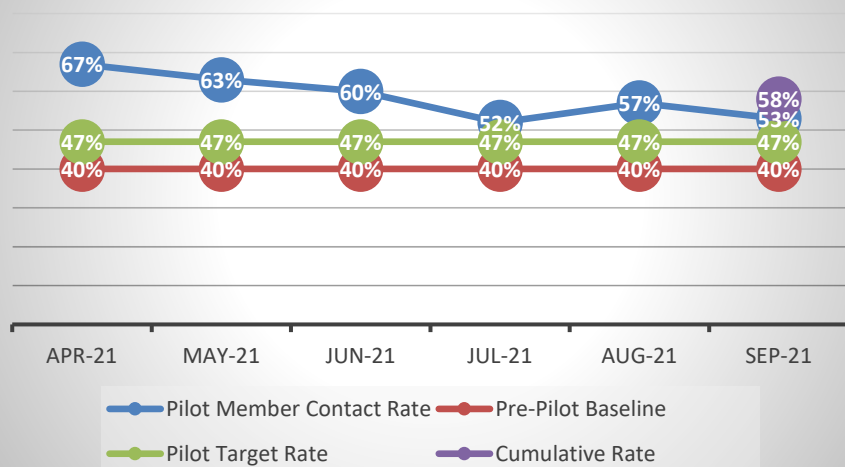
Average Notifications/Month



Care Coordination – ENS 6-Month Pilot Results

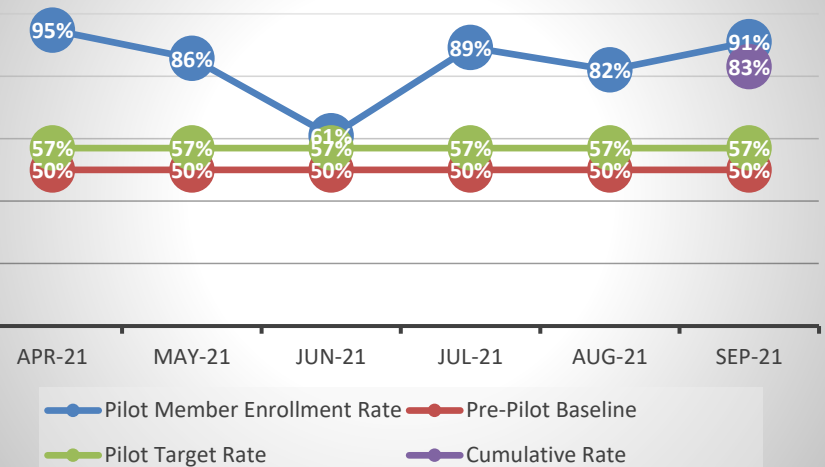
Payor Increases Engagement & Program Enrollment

Pilot Engagement Rate Trends



Increased from 40% to 59%

Enrollment Rate Trends



Increased from 50% to 82%

*** 143% Increase in Care Coordination Enrollments ***
(404 total enrollments at completion of pilot vs 166 pre-pilot)

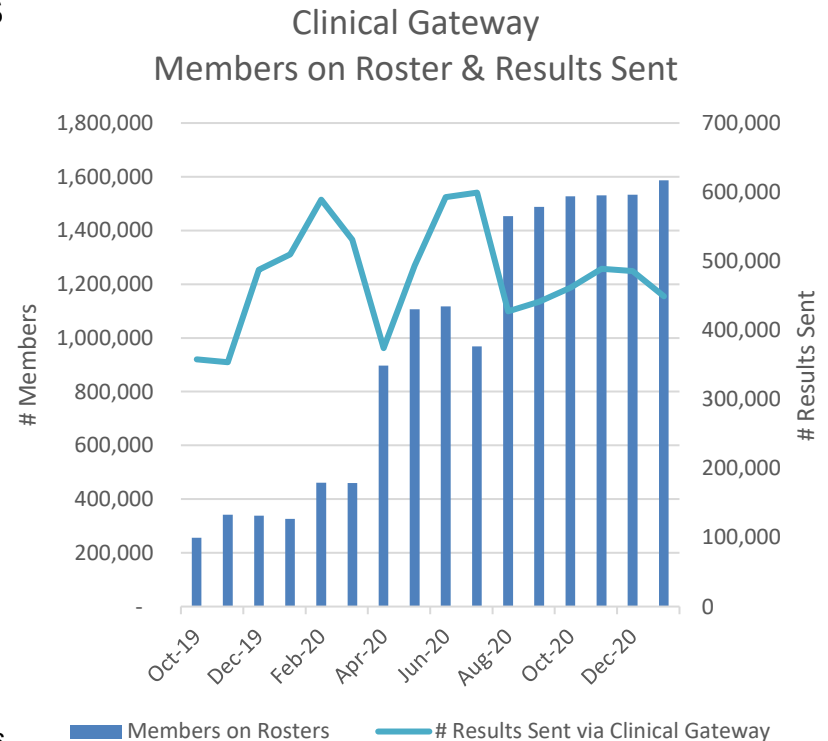
Clinical Gateway

Care Coordination – Panel-Based Direct Clinical Feed

- Clinical data is matched to patient panels and sent in bulk to the subscribing organization
- This enables them to match with their beneficiary data and is used by payers and ACOs to manage care for their populations

“Identifying patients that have recently been to the ED or had a hospitalization so we can follow up with them in a timely manner.”

There are currently over 1.6 million members on multiple payer and ACO rosters.



Minimum Annual DHIN Impact:
\$4.2M in cost avoidance through care
management & coordination

Providing Value



↓ 12% Annual Reduction in 30 Day Readmits*

↓ 6% Reduction in ER Visits

“I wish all Aledade locations had a resource like DHIN available.”

Tyler Blanchard, Executive Director, Aledade Delaware



Activated additional services from data sender bundle (Clinical Gateway)

Increased Patient Panel from 10K (A1C values) to 644K in Spring '20 (COVID-19)



Subscribe to ENS, CHR & Clinical Gateway

Increased CHR access from 15 care coordinators to 350 in last 24 months

Successful Completion of Commercial Pilot

Additional Benefits From DHIN

↑ \$5MM Annual Savings from Fewer Duplicate Tests***

↑ \$7MM Annual Results Delivery Savings***

*Achieved in a year where the national average increased 9%
**Per Independent 2013 Maestro Evaluation, for 2009-13. “Meaningful Use” incentives not included in this summary
***Per 2021 Maestro Value Assessment on FY20 Information

Health Care Claims Database

The HCCD is Delaware's All-Payor Claims Database (APCD). It is a larger-scale database that systemically collects healthcare claims and enrollment data from a variety of payor sources in the state. Signed July 2016, [SB 238](#) authorizes DHIN to develop and operate HCCD.

Goals of the HCCD are to:

- Provide meaningful data to advance triple aim
- Promote population health research and analysis (e.g. disease prevalence)
- Promote value-based and alternative payment arrangements
- Support provider risk-sharing arrangements

Use Cases for the HCCD

Cost and Utilization

- Utilization and Spending for Certain Conditions or Procedures
- Price Transparency
- Price Variation among providers
- Cost-effectiveness
- Low-value care
- Cost of avoidable complications
- Pharmaceutical cost, utilization
- Oral health costs covered by medical insurance, utilization
- Behavioral health cost, utilization

Quality

- Preventive screenings, immunizations - variation and comparisons
- Continuity of care (transitions in care setting, coverage)
- Readmissions, hospital-acquired infection, preventable hospitalization
- Preventable Emergency Department (ED) visits

Coverage and Access

- Coverage trends over time
- Access to care, including specialty care and behavioral health
- Patient cost-sharing
- Rate review/ rate-setting
- Insurance coverage
- Network adequacy

Population and Public Health

- Chronic conditions (e.g., diabetes, asthma) prevalence, cost, quality
- Opioid prescribing
- Connection between environment and chronic conditions (e.g., air quality and asthma - combine with environmental data)
- Epidemiology: trends in the diagnosis of cancers, infectious diseases, behavioral health conditions, etc.

Health System Performance

- Effects of delivery system consolidation on cost, quality, access, equity
- Evaluation of new models of care and payment
- Integration of physical and behavioral health care
- Care coordination for special populations, e.g. dual eligibles
- Prevalence/ trends in alternative payment models

Privacy / Security of Data

HITRUST-certified in 2017

- Re-certification completed in December 2020
- “Gold standard” for measuring and certifying security management programs



Protected Health Information access (internal and external users)

- Regular Audits
- All internal users must have a valid reason for access
- Users are linked to member panel/s as well as provider relationship and association

Governed by Health Insurance Portability & Accountability Act (HIPAA), National Institutes of Standards and Technology and other applicable federal/state laws and regulations