

Delaware Health Information Network

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Organization:	State of Delaware
Contract Number:	290-05-0012
Project Period:	September 2005 – September 2011
AHRQ Funding Amount:	\$4,700,000
Summary Status as of:	December 2010

Target Population: General

Summary: The Delaware Health Information Network (DHIN), a public-private partnership that received Agency for Healthcare Research and Quality (AHRQ) funding in October 2005, implemented a real-time electronic method for health care providers to obtain information about their patients. This project is one of six AHRQ-sponsored State and Regional demonstration projects that began in late 2004 and early 2005 to create a State or regional health information exchange (HIE).

The DHIN exchanges data among hospitals, reference laboratories, physician practices, and public health agencies through the State. Partners include consumers, physicians, hospitals, businesses, payers, government agencies engaged in health care, and reference laboratories.

The DHIN board of directors is comprised of diverse organizations representing the primary stakeholders of HIE. They include consumers, physicians, hospitals, health plans, business, higher education, and State government agencies responsible for population health, information technology, and the State budget.

Project Objectives:

- Improve care of patients served by Delaware's health care system, and reduce medical errors associated with inaccurate or incomplete information available to providers. **(Ongoing)**
- Reduce the time and financial costs of HIE by reducing the complexity of current distribution methods and increasing use of electronic means. **(Ongoing)**
- Improve communication between health care providers and patients to provide appropriate, timely care that is based on the best available information. **(Ongoing)**
- Reduce the number of duplicative tests and expedite the reporting of consultant opinions and tests/treatments between specialists and the referring physicians. **(Ongoing)**
- Improve the efficiency and value of electronic health record (EHR) systems in physicians' offices, and assist physicians that do not have an EHR to better organize and retrieve test results. **(Ongoing)**

2010 Activities: In June, DHIN secured approval from the Delaware General Assembly to establish itself as a public, nonprofit instrumentality of the State, with all the rights and privileges thereof. This change in the governance structure allows it to be more responsive to rapidly changing market conditions and establishes DHIN as Delaware's State-sanctioned HIE. DHIN staff completed a medication history demonstration program using a select group of pain management, hospital-based, and family practices. Based on feedback from the demonstration participants, modifications to the medication history function are under development and are expected to be offered to all users in 2011. Transcribed reports from a

subset of participating hospitals were made available to DHIN users in August, and a fourth hospital system was added to the list of participating data senders in November. Project staff continues to develop evaluation and sustainability plans and certify EHR vendors with interfaces to DHIN.

Preliminary Impact and Findings: As of late 2010, DHIN had enrolled nearly 5,000 users at 323 practices around the State. Nearly one-third of these participating practices receive clinical results and reports exclusively through DHIN. The four hospitals systems participating in DHIN account for more than 80 percent of hospital admissions in the State. DHIN's participating hospital systems and reference labs, including LabCorp, Quest, and Doctors Pathology Services, contribute data on more than 90 percent of the laboratory tests in the State.

Anecdotal information is the basis for the current impact evaluation of DHIN. This information has established that DHIN saves time and creates efficiencies at the practice level (both automated and paper-based), improves patient outcomes, saves money in the emergency department, and supports transitions of care among in- and outpatient settings. Participating hospitals have determined that automated public health reporting through the DHIN saves time and infection control resources. A formal evaluation will be conducted in 2011 to understand the value and benefit of the DHIN for each stakeholder group, including physician practices, hospitals, laboratories, payers, consumers, and State agencies. The evaluation aims to measure how the DHIN impacts efficiency, patient safety, and health care costs.

Strategic Goal: To develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Implementation and Use