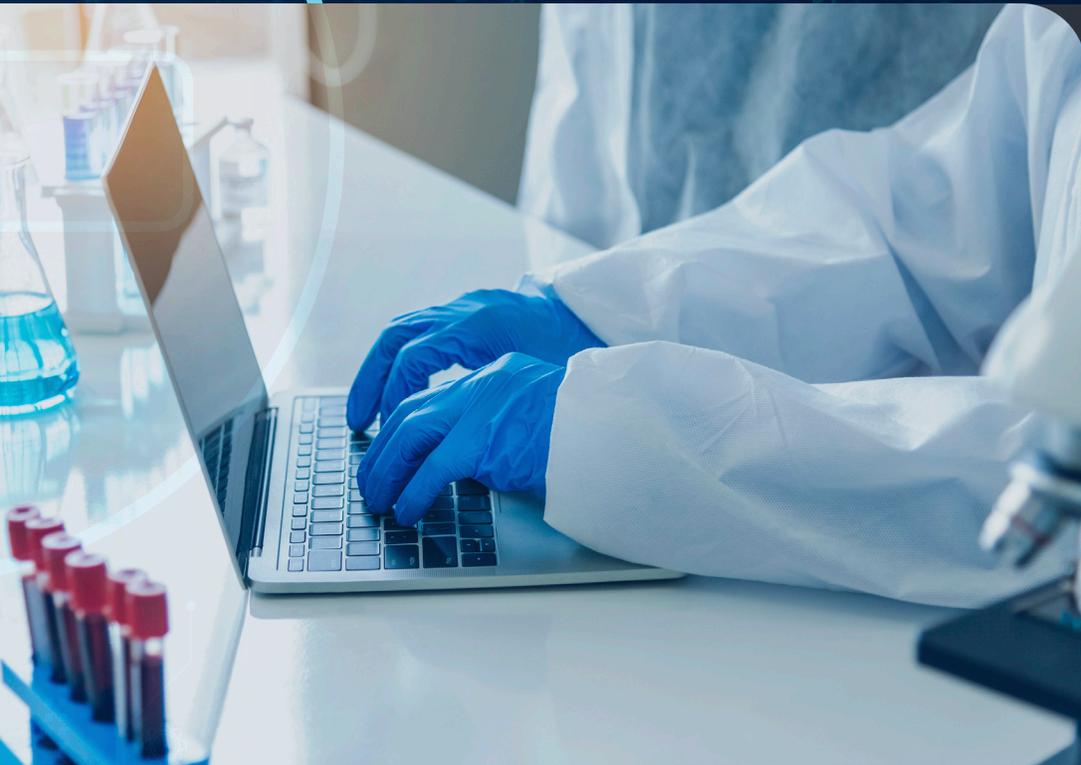




# 2024 | ANNUAL REPORT



# A Message from Our CEO



DHIN continues to proudly fulfill our statutory purpose as a public-private partnership.

**We empower public and private partners to make data-driven decisions through innovative health data services.** Simply put, data services turn raw data into useful information that can drive decisions.

For nearly two decades, DHIN has partnered with those who **generate** health data—hospitals, laboratories, imaging centers, physician practices, and more recently, skilled nursing facilities and health insurers—to aggregate, curate, and make that data available for **use** at the right time, in the right workflow, and in the right format to support decision making. We **deliver** data to designated recipients and end points, we **display** data to support clinical decisions at the point of care, we power near real-time **notification** of significant medical events, and most recently, we enable the **analysis** of large data sets.

Carefully curated, identity-matched clinical data for nearly all Delawareans going back to 2007 and claims data going back to 2013 constitute a uniquely rich asset. These data can be analyzed to identify patterns, trends, gaps and costs at a population level. Cost of care derived from claims data can be matched with clinical data assessing quality and outcomes. We thus inform public policy, assist public health agencies, help consumers make informed choices, assist insurers and health systems in the design of health plans and services and promote research that benefits Delawareans broadly.

The technology framework underpinning these services is complex and must be kept up to date. FY24 was a year intensely focused on technology upgrades to position us to meet the needs of today and the challenges of tomorrow. In parallel with this internal-facing work, we continued to serve our stakeholders across the healthcare continuum.

While the average consumer is unaware of our work, we are driven by a passion to serve them. We are touched and inspired by stories of a life saved, a diagnosis made possible through data we assembled, a test done elsewhere that didn't have to be repeated because we provided the results, a caregiver who didn't have to struggle to assemble fragmented health data for a parent, spouse or child. We are deeply grateful for the ongoing support of many stakeholders for the work that we do.

I hope you will enjoy a deeper description of the work and accomplishments of the past year in the pages that follow.

A handwritten signature in black ink that reads "Janice L. Lee". The signature is fluid and cursive.

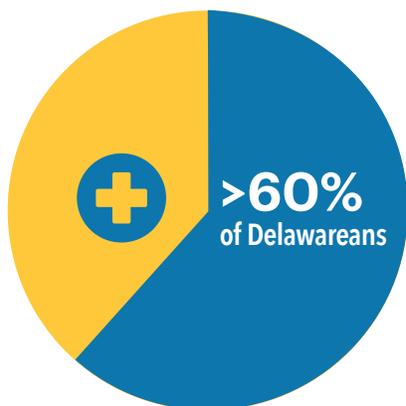
Jan Lee, MD, MMM, FAAFP,  
Chief Executive Officer

# Laying the Groundwork: Delaware's Health Care Claims Database

As the state's largest source of claims data, Delaware's Health Care Claims Database has established itself as an essential tool in enabling healthcare transformations that promote health equity, facilitate quality of care and save time, money and lives.

Now in its seventh year, the HCCD contains claims for 991,300\* unique persons representing more than 60% of Delaware residents.

This includes Delaware Medicare, Medicaid, and several commercial plans with data spanning 2013-2024.



\*While this nears the total population of Delaware, this count includes individuals who were previously residents and/or included in the claims provided, so the population represented by this count hovers above 60%.

## DELIVERING VALUE TO DELAWARE

Since its inception, the Delaware Health Care Claims Database (HCCD) has played a critical role in facilitating data-driven approaches to improving healthcare access, quality and cost for Delaware's citizens. Through our unique partnership with state agencies, we utilize the HCCD to analyze key data, identify trends and advance value-based care across the state.

## IMPROVING OUTCOMES

A core part of DHIN's mission is to **enable healthcare transformations** that improve outcomes and save lives. In FY24, we began the process of using data within the HCCD to identify organizations (e.g. practices/health systems) and, ultimately, individuals that would be optimal participants for clinical trials. By combining data elements with design-appropriate algorithms, we can accelerate the identification process with specific inclusion and exclusion criteria. Doing so streamlines the process, expediting clinical trials and enabling research organizations to more quickly publish their findings, act on their research and find better ways to prevent, diagnose and treat conditions.

## ENABLING TRANSPARENCY

DHIN continues to collaborate with the Delaware Department of Health & Social Services and the Delaware Health Care Commission to make information about healthcare costs available to Delawareans. Data from the HCCD supports comprehensive reports on a multitude of inpatient and outpatient procedures. In 2024, the team published new reports for **Cervical Cancer Screening, Psychoses and Enhanced Pharmacy Data**. We also added Medicare Fee for Service 2022 data now showing results from 2019-2022.

Additionally, we combined individual outpatient reports into an easy-to-use, single report and overhauled our HCCD analytics portal to improve visualizations, navigation and dashboards and added a new section for diagnosis grouping. These upgrades make the portal's data more robust and easier to use.

# Building Blocks of Value-based Healthcare: Data Analytics

Data analytics enables us to measure and track key performance indicators related to patient care quality and outcomes. By analyzing HCCD data, DHIN partners with healthcare researchers and policy makers to identify areas for improvement and implement and monitor targeted quality improvement initiatives.

## STREAMLINING SUBMISSION OF DATA

Streamlining the submission of claims data is critically important for both our organization and our payers. To that end, we piloted an alternative approach for submitting claims data, known as Extract, Load, Transform (ELT), to make data sending less onerous. Payers can send data in near real-time speed without having to conform to DHIN's current content and format requirements. Using this pilot, the DHIN team took the raw data provided and arranged it in the correct placement and format.

Following months of testing, we look forward to scaling up our ELT abilities over the next two years. We are confident that ELT will help transform and streamline the data sending process, improve data integration and advance care coordination.

## EXPANDING KNOWLEDGE

One of DHIN's core commitments is a focus on lifelong learning. In FY24, we provided training to all DHIN team members in the critical work of the Health Care Claims Database and data analytics. The data analytics team also received advanced analytics training to improve our foundational service abilities, core knowledge and our ability to increase productivity and customer satisfaction.

## FOLLOWING A ROADMAP

DHIN's three-year roadmap includes two phases:

- + Expanding the Foundation
- + Growing the Analytics Portfolio

DHIN has continued to execute Phase I of the plan, expanding the foundation of our customer base, integrating data analytics across our operations and streamlining the data sending process.

We also began to execute Phase II of the plan, Growing the Portfolio, providing a wider range of analytic services to ultimately include real-time descriptive, diagnostic, predictive and prescriptive analytics. By following the roadmap, DHIN's analytics services will continue to evolve, creating value both for internal and external stakeholders.



# Supporting Funding

To finance the ongoing operations of the State’s HCCD, DHIN previously requested and received a \$3 million appropriation, which is expected to last through both state and federal Fiscal Years 2028. Through this collaboration, the \$3 million will help fund a state match of 10%, unlocking nearly \$28MM from federal sources, per the table shown below.

## DHIN - IAPD Expense and Funding Summary

### DHIN Expense Components

Federal Fiscal Year	DHIN Staff	Project Management	Data Management	CostAware	Total
FFY24	\$ 1,336,785	\$ 779,800	\$ 2,880,843	\$ 379,560	\$ 5,376,988
FFY25	\$ 1,814,478	\$ 740,000	\$ 3,097,663	\$ 492,800	\$ 6,144,941
FFY26	\$ 1,887,057	\$ 777,000	\$ 3,156,893	\$ 492,800	\$ 6,313,751
FFY27	\$ 2,075,763	\$ 854,700	\$ 3,472,583	\$ 542,080	\$ 6,945,126
FFY28	\$ 2,283,339	\$ 940,170	\$ 3,819,841	\$ 596,288	\$ 7,639,638
<b>Total</b>	<b>\$ 9,397,422</b>	<b>\$ 4,091,670</b>	<b>\$ 16,427,823</b>	<b>\$ 2,503,528</b>	<b>\$ 32,420,443</b>

### DHIN Funding Sources

Federal Fiscal Year	IAPD	DHIN Match	DHCC Match (for CostAware)	Total
FFY24	\$ 4,839,289	\$ 499,743	\$ 37,956	\$ 5,376,988
FFY25	\$ 5,530,447	\$ 565,214	\$ 49,280	\$ 6,144,941
FFY26	\$ 5,682,376	\$ 582,095	\$ 49,280	\$ 6,313,751
FFY27	\$ 5,990,171	\$ 880,419	\$ 74,536	\$ 6,945,126
FFY28	\$ 6,302,701	\$ 1,232,586	\$ 104,350	\$ 7,639,638
<b>Total</b>	<b>\$ 28,344,984</b>	<b>\$ 3,760,057</b>	<b>\$ 315,402</b>	<b>\$ 32,420,443</b>

Note: No All-Payer Claims Database in the United States is sustainable exclusively from the sale of data products. All receive some combination of state, federal and grant funding.

# Powering Up DHIN's Core Services

DHIN's vision is to be the preferred, highly-trusted provider of health data services, enabling transformations that save time, money and lives. This requires a commitment to excellence, introducing new services of value and keeping pace with the evolution of technology in current offerings.

## UPGRADING OUR COMMUNITY HEALTH RECORD

DHIN's Community Health Record (CHR) is ubiquitous in Delaware's healthcare landscape. This longitudinal patient record provides clinicians with a multitude of patient data at the point of care and at a moment's notice.

As part of our long-term planning, DHIN made the decision to transition our flagship service to a new platform so that we could customize offerings and better position ourselves for future growth.

Our main priorities throughout the conversion process were to:

- + Ensure no functionality was lost in the transition
- + Roll out a prioritized list of enhancements to be released throughout FY 2025.

Major technology transitions such as the CHR conversion are rarely without surprises, and this project was no different. The DHIN team, working hand-in-hand with our partners at Outcome Healthcare, brought the project over the finish line and continues to roll out enhanced features to benefit users.

In addition to an improved security posture through Multi-Factor Authentication, the benefits of the new Community Health Record:

- + The ability to identify and "favorite" frequent patients
- + A self-service option to create help tickets directly from the dashboard
- + Access to recently-viewed patients

Additional functionality to come includes organizational administrative privileges and integration with third-party applications.

### CHR BY THE NUMBERS

71,000

Views per day

18.5 million

clinical results per year

250 million

clinical messages available



## TRANSITIONING THE MASTER PATIENT INDEX

Patient identification is one of the toughest components of working with data, and as a steward of more than 3 million patient records, ensuring that data is accurately matched with the correct patient is a top priority for DHIN.

Identity proofing and matching solutions help to ensure that the right data is called up for the right patient. DHIN's Master Patient Index (MPI) is based on an algorithm derived from patient demographics—name, date of birth, gender, address, phone number, all of which (except birth date) can change over time. Patients with no fixed address or phone number or people with very common names but no other variable demographic data cannot be reliably matched using these tools, meaning their health data remains fragmented and the value of DHIN services in meeting their healthcare needs diminished. The same fragmentation challenge can arise with patients who don't have a medical home. Referential identity matching tools used by healthcare and financial institutions utilize a wide range of publicly available data about individuals to create stronger algorithms with higher match rates.

As DHIN works with data from multiple senders, including the State of Delaware, being able to produce an accurate match even with limited data is critical.

In 2024, we began the process of upgrading to a state-of-the-art MPI to enhance usability, improve efficiency and accuracy of identity matching through referential matching.

With the advocacy and support of U.S. Senator Tom Carper, DHIN received a congressional earmark to support the effort.

Upgrading the Master Patient Index serves clinicians, patients and Public Health, ensuring DHIN remains the relied-upon source for patient health data in Delaware and providing backend support for healthcare solutions that make Delawareans—and Delaware—healthier.

## INCORPORATING THE EVENT NOTIFICATION SYSTEM & CLINICAL GATEWAY

DHIN's Event Notification System (ENS) is a real-time alert notification system for clinicians when a patient has had an encounter at any Delaware hospital or any regional participating hospital. This system is critical to assisting providers, Accountable Care Organizations (ACOs) and payers to more efficiently coordinate care, thus reducing readmissions and ED visits and improving clinical outcomes.

Another closely related core service is DHIN's Clinical Gateway. The Clinical Gateway provides a real-time clinical feed to patient data for payers, ACOs and hospitals. This service is critical to care coordination, improving population health and chronic disease management.

As we did with the Community Health Record, DHIN is transitioning these services to a new platform. Post testing, we expect to be fully live in FY25.

## POSITIONING FOR FUTURE GROWTH

Our work to amplify DHIN's core services and underpinning technology ensures long-term sustainability, helping to prevent service disruptions and mitigating the impact of changing vendor priorities. We look forward to enhancing these services in the coming months and years.

# Framing Out DHIN's Future

In year three of DHIN's strategic plan, we built upon the progress we have made in finding ways to deliver value and drive innovation for our partners. Each strategic initiative requires financial and human investment and supports our desire to serve as Delaware's unbiased community trustee for health data.

BELOW ARE THE INITIATIVES NECESSARY TO ACHIEVING SUCCESS:



# Delaware's 5-Year strategic plan, developed in FY21, continues to serve as the blueprint to build our vision.

We are the preferred, highly trusted provider of health data services, enabling healthcare transformations that promote health equity, facilitate quality of care and save time, money and lives. Each of the four major themes highlighted below speaks to DHIN's work with our partners and customers:

## 1. Maintaining Our Relevance in a Value-Based Care Driven Market

The shift to a value-based healthcare model is predicated on good data. And in support of our stakeholders, DHIN enables more efficient methods for generating HEDIS measures by payors, ACOs and clinically integrated networks. HEDIS measures are a set of standardized metrics employed to assess the quality of health plans, to help reduce the cost of care and improve outcomes of care.

As the value of health data analytics grows nationwide, DHIN's analytics offerings for clinical and claims data must keep pace with customer needs. In FY25, we will focus on improving the quality of Continuity of Care Documents submitted to and provided by DHIN, creating a clinical data dictionary and technologies to make clinical and claims data more useful.

## 2. Strengthening Our Ties to the State

Continued collaboration with our state partners remains a core tenet of our strategic plan. With over 75% of our analytics work performed at the request of state agencies, our ongoing partnership with the State of Delaware remains critical. Building relationships and demonstrating value to the new Administration is a priority in FY25 and beyond.

## 3. Strengthening Business Sustainability

To maintain our leadership in Delaware's health information space, maximizing the utilization of core services and developing new services is critical. As the costs of doing business continue to rise, we are mindful of the financial pressures facing our customers. We periodically evaluate our pricing model to ensure our services are priced both fairly and competitively.

## 4. Maintaining Our Current Strengths and Advantages

DHIN's core services—including the Community Health Record, Results Delivery, Analytics, Event Notification System and Clinical Gateway—continue to be our most utilized and highly adopted services. We remain committed to their long-term viability while we explore added service offerings for both current and new customers.

## DELAWARE HEALTH INFORMATION NETWORK

Profit and Loss Statement

As of June 30, 2024

	CAPITAL	NON OPERATIONAL	OPERATIONAL	YEAR TO DATE TOTAL
<b>Operating Revenue</b>				
<b>Core Services</b>				
Data Sender Bundle	\$ 0	\$ 0	\$ 5,635,580	\$ 5,635,580
Payer Bundle	\$ 0	\$ 0	\$ 3,966,247	\$ 3,966,247
CHR – Viewing by Providers	\$ 0	\$ 0	\$ 211,525	\$ 211,525
Medicaid FFP (HCCD)	\$ 0	\$ 3,474,116	\$ 0	\$ 3,474,116
State Appropriation for HCCD	\$ 0	\$ 347,455	\$ 0	\$ 347,455
<b>TOTAL CORE SERVICES</b>	<b>\$ 0</b>	<b>\$ 3,821,572</b>	<b>\$ 9,813,351</b>	<b>\$ 13,634,923</b>
<b>Value Added Services</b>				
Medication History Access	\$ 0	\$ 0	\$ 32,320	\$ 32,320
Encounter Notification Services	\$ 0	\$ 0	\$ 328,305	\$ 328,305
CCD Exchange	\$ 0	\$ 0	\$ 4,823	\$ 4,823
CostAware / Total Cost of Care Funding	\$ 0	\$ 0	\$ 308,266	\$ 308,266
Claims Database – Earned Revenue	\$ 0	\$ 0	\$ 33,250	\$ 33,250
Professional Services	\$ 0	\$ 0	\$ 267,791	\$ 267,791
<b>TOTAL VALUE-ADDED SERVICES</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 974,753</b>	<b>\$ 974,753</b>
<b>TOTAL OPERATING REVENUE</b>	<b>\$ 0</b>	<b>\$ 3,821,572</b>	<b>\$ 10,788,104</b>	<b>\$ 14,609,676</b>
<b>Non Operating Revenue</b>				
Grant Revenue	\$ 0	\$ 25,000	\$ 0	\$ 25,000
Investment Income	\$ 0	\$ 487,175	\$ 0	\$ 487,175
Interest	\$ 0	\$ 166,871	\$ 0	\$ 166,871
Late Fee Revenue	\$ 0	\$ 0	\$ 25,955	\$ 25,955
<b>TOTAL NON OPERATING REVENUE</b>	<b>\$ 0</b>	<b>\$ 679,046</b>	<b>\$ 25,955</b>	<b>\$ 705,001</b>
<b>TOTAL REVENUE</b>	<b>\$ 0</b>	<b>\$ 4,500,618</b>	<b>\$ 10,814,059</b>	<b>\$ 15,314,677</b>
<b>EXPENSES</b>				
Personnel	\$ 0	\$ 874,370	\$ 6,884,406	\$ 7,758,776
Administration	\$ 0	\$ 70,000	\$ 1,025,766	\$ 1,095,766
Operations	\$ 0	\$ 0	\$ 0	\$ 0
Depreciation	\$ 0	\$ 0	\$ 0	\$ 0
Contractual (Non-Technical)	\$ 0	\$ 941,847	\$ 271,261	\$ 1,213,108
Marketing	\$ 0	\$ 0	\$ 138,396	\$ 138,396
Ongoing License & Maintenance	\$ 202,413	\$ 1,035,178	\$ 2,303,240	\$ 3,540,831
New Functions	\$ 69,052	\$ 147,565	\$ 57,100	\$ 273,718
New Functions Maintenance & License	\$ 0	\$ 0	\$ 0	\$ 0
Technology Refresh	\$ 403,051	\$ 0	\$ 0	\$ 403,051
<b>TOTAL EXPENDITURES</b>	<b>\$ 674,516</b>	<b>\$ 3,068,960</b>	<b>\$ 10,680,169</b>	<b>\$ 14,423,646</b>
<b>Net Income</b>	<b>(\$ 674,516)</b>	<b>\$ 1,431,658</b>	<b>\$ 133,890</b>	<b>\$ 891,031</b>

# DELAWARE HEALTH INFORMATION NETWORK

Balance Sheet  
As of June 30, 2024

## Assets

<b>Restricted Cash</b>	<b>\$ 925,633</b>
Unrestricted Cash	\$ 7,971,790 <sup>1</sup>
Restricted Accounts Receivable	\$ 1,217,187 <sup>2</sup>
Prepaid Expenses – Restricted	\$ 579,569 <sup>3</sup>
Equipment – Restricted	\$ 263,020
Other Assets	\$ 6,979
<b>TOTAL ASSETS</b>	<b>\$ 10,964,179</b>

## Liabilities and Net Assets

Accounts Payable	\$ 925,633 <sup>4</sup>
Deferred Income	\$ 39,227 <sup>5</sup>
<b>Unrestricted Net Assets</b>	<b>\$ 9,999,319 <sup>6</sup></b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 10,964,179</b>

*Reporting balance sheet does not include assets and liabilities required under GASB 87, Leases, and GASB 96, Subscription-based Information Technology Arrangements.*

<sup>1</sup> Includes \$3,787,994 of funds held in a Vanguard investment account, per April 2021 BOD approval. See Investment Income reporting section below.

<sup>2</sup> Restricted Accounts Receivable includes \$290M due from Payers, \$633M owed from DHIN's data senders, and \$118M related to claims database IAPD reimbursements. All funds are expected to be collected.

<sup>3</sup> Includes amounts paid up front according to contract terms, with expenses still to be recognized evenly over the course of the 12 month period including those for end of life orders registry services, cyber-security liability insurance, business liability insurance, and analytics software.

<sup>4</sup> Accounts Payable includes incurred expenses for DHIN's data management and HCCD project management vendors and DHIN staff performance incentives.

<sup>5</sup> Deferred Income includes cash received from practice subscriptions whose revenue are amortized over the life of the subscription.

<sup>6</sup> See the following Reserves Analysis:

	FY24 Actual 6.30.2024	FY24 Reforecast 6.30.2024
Unrestricted Net Assets	\$ 9,999,319	\$ 9,261,085
Assumed Annual Operational Expenses	\$10,613,697	\$10,613,697
Operational Reserves – 180 days	\$ 5,234,152	\$ 5,234,152
Capital Reserves – all reserves above Operational Reserves	\$ 4,765,167	\$ 4,026,933

Investment Income Reporting	\$\$\$	% of Total	Investment Account	Mix of Assets	% of Total
DHIN MMDA*	\$4,214,213	53%	S&P 500 fund	\$2,268,157	59.9%
DHIN Vanguard Investment Account	\$3,785,994	47%	Total Bond fund	\$1,517,836	40.1%
<b>Total</b>	<b>\$8,000,207</b>	<b>100%</b>	<b>Total Bond</b>	<b>\$3,785,993</b>	<b>100.0%</b>

\*Does not include \$1,217,187 in Accounts Receivable which will be deposited in the MMDA upon receipt, including those receivables changes the mix to 59% MMDA/41% Investment Account.

Amount Deposited in Investment Account (May 2021)	\$3,300,000
Investment Account Balance – 6.30.2024	\$3,785,994
Gain/(Loss) since May 2021	\$ 485,994

## **DHIN BOARD OF DIRECTORS**

June 30, 2024

Joey Bonano

Steven Costantino

Randall Gaboriault

Rich Heffron

Randeep Kahlon

Jonathan Kaufmann

William Kirk

Greg Lane

Stephen Lawless

Troy McDaniel

Kathy Matt

Faith Rentz

Meredith Stewart-Tweedie

## **DHIN STAFF**

June 30, 2024

Janice L. Lee

Ty Anderson

Juan Arjona

Denise Bowie

Kevan Browne

Kevin Carlin

Ali Charowsky

Amanda Cottman

Sam Darla

Stephen Deitsch

Nikos Economidis

Pier Felton

Randy Farmer

Brent Gaines

Dawn Garland

Andy Gillan

Kenneth Gordon

Ashley Green

Duane Guingrich

Stacey Hassel

Erica Hutchinson

Mark Jacobs

Jeff Kirkley

Anthony Johnson

Gurpreet Kaur

Michael MacDonald

David McEwen

Garrett Murawski

Michael Ochieng

Scott Perkins

Michael Procak

Jeffrey Reger

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Dana Roomet

Ron Sanga

Elise Schiedel

Michael Sims

Melissa Sinclair

Brandy Strauss

Pier Straws

Jonathan Val

Alex Vaillancourt

Krishna Sai Vasireddy