Delaware Health Information Network
Executive Committee Meeting
Friday, February 26, 2016
10:00 a.m. –11:30 a.m.

In-Person

DHSS
Herman Holloway Campus, New Castle, DE
Conference Room 198

Meeting Minutes

I. CALL TO ORDER

Randy Gaboriault called the meeting to order at 10:01 a.m.

II. APPROVAL of December 18, 2015 MINUTES

Bill Kirk motioned for the minutes to be accepted as presented. Rich Heffron seconded the motion. Minutes were approved unanimously.

III. Medicity Update /Strategy

Dr. Lee updated the Executive Committee on the status of the software/data base conversion. The RMI conversion was completed in mid-December 2015, and performance continue to be extremely slow.

Medicity believes that the "orphan records" that have not yet been converted are the cause. If we shut off the conversion mode, records that have not been converted will not be accessible; performance would be better but at the risk of 250,000 records not being accessible. Another option would be to stay in conversion mode which will ensure that all records are visible and accessible, but performance would continue to be slow. Medicity feels that in order to convert the records, we will need to implement the patch. However, as we tested the patch under varying conditions, sometimes there is a performance improvement and other times it can be worse. DHIN is currently in the third round of testing for the performance enhancement patch and the best case scenario is for the patch to be loaded mid-March.

This patch is a first in a series that will address the performance issues. Medicity's consultants have reviewed the entire architecture of their platform and have identified approximately 300 specific items that can be done better. Moving forward, Medicity has laid out a long term roadmap for the next year and have discussed which items will be tackled and in which order. Medicity is already working on another patch which is nearly ready to leave the engineering section and be turned over to

operations for QA testing and it will be another one or two months before it is available to the customer. The next performance patch will be available for testing in the April/May timeframe. Each performance patch will give us incremental improvement.

If this patch leaves us in a position with unhappy customers, DHIN wants to take another hard look as whether it is even possible to go back to the old version; however, we would be giving up new features and functions that were available in the new release. Jody Wilson, DHINs Network and Operations Manager, believes there is a way to leverage our disaster recovery environment and our demo environment to be able to roll back; he would sit down with Medicity engineers and lay out the way he believes it could work.

Since August, DHIN has had a 20% drop in unique users of the CHR, which has set us back a year in adoption and utilization. It is important that we get everyone back to a system that works.

IV. Strategic Planning Engagement

DHIN has engaged Gartner Consulting for our five year strategic planning facilitation. In addition, we intend to engage them in a full review of our architecture technology. Our contract with Medicity ends June 30, 2018, and we want to competitively bid the contract. In order for anyone other than Medicity to be a realistic choice, we have to have a strategy for delivering results to the 285 practices that currently have an interface to the Medicity platform. It has taken us eight years to integrate into DHIN and each interface will need to be replaced.

One of the options we are exploring is the Mirth Connect Integration Engine which has actually been a lifesaver through the upgrade. Mirth also has other products, one of which is Mirth Results, a delivery solution which they have offered to us with a 90 day evaluation license at no charge; however, there will still be cost associated for fees and professional services. Before moving forward, we will also need to confirm the cost after the pilot has been completed for both manpower and resources.

DHIN would like the evaluation period to be used to take a small number of existing interfaces that are currently in Medicity and convert them to an interface in Mirth. If the pilot goes well, we will be in a position to strategize a process over the next two years to move practices over to a results delivery interface. We may not need an RFP, but we will know more once Gartner has completed the strategic planning process.

DHIN is not looking for a single vendor to replace Medicity; we would like to move to a more modular open architecture allowing any future vendors that we work with to leverage our existing identity matching solution and connect with our Mirth Integration Solution.

For the past five months, Medicity has not met the Service Level Agreements for Infrastructure Uptime. Moving forward, we will want to ensure the contract for a replacement of the CHR states three consecutive months of failing to meet the SLA will be cause for termination; five months within a twelve month period of not meeting the SLA will be cause for termination without penalty.

Three vendors we are looking at for viable options are MEDfx which we are currently using for our document repository for CCDs; iMAT which we are using for analytical platforms; and Mirth which may be able to provide front end as well as a results delivery component. In addition, the vendor we will use for the State Wide Patient portal may have a front-end solution for a user interface.

Working with Gartner, we want to succeed in our paths for both immediate and long term goals. Our goal is to complete the strategic planning knowing we will have greater flexibility and not be tied down to one vendor.

Committee members inquired on the status of Medicity's proposal which was presented to the Board of Directors in January. Dr. Lee stated that Medicity has verbally agreed to all of DHINs requests. There have been conversations; however, nothing has been received in writing and we want to ensure everything is legally binding and in contract form.

V. Grant Activities and Targets

Behavioral Health

DHIN has had a kickoff meeting with DSAMH to define use cases for Direct and to determine our outreach strategy. We are looking to schedule a follow-up call and present a demo on how Direct works. One Behavioral Health organization has agreed to enroll and contracts are currently under legal review.

Long Term Post-Acute Care

DHIN has had several meetings with the Post-Acute Council Committee over the past year and they have been slow to provide an endorsement of effort to the organizations they represent. Therefore, DHIN representatives have begun the process of soliciting participation by the LTPAC organizations directly. We currently have one LTPAC organization signed up for Direct and a few organizations have signed up for the conversion of their Oasis or MDS data into a care summary CCDA format that will ultimately come into the DHIN community health record.

Consumer Engagement

The Consumer Engagement initiative overlaps with the State Health Innovation Plan and DHINs grant funds will be used to implement the statewide patient portal for consumers. DHIN has been reviewing both business and technical requirements in addition to gathering RFPs from other sources. We are in the process of writing the RFP and plan to have it out for proposals by the end of March and vendor selection will be made in the second quarter of FY16.

Eligible Professionals
DHIN has put a lot of energy into this area. Our target is 475 eligible professionals using ENS; almost 475 are currently enrolled; just over half are live and receiving notifications.

By the end of the grant, DHINs goals are to have 210 eligible professionals live sending CCDs at the conclusion of each encounter. Approximately 150 are currently live and sending CCDs (over 100,000) into our document repository and can be queried using IHE XDS.b query and retrieve profile from within the end users EHR (if enabled). We are in a conversation with Nemours and ongoing discussions with other practices to activate; however, the majority of our end users will view CCDs through the community health record. DHIN is working on an interface from the MEDfx document repository into the community health record. However, due to the upgrade, there have been delays.

The common provider scorecard is currently being used as a platform to provide some level of analytic services to eligible professionals. We have been working with the pilot group on the common provider scorecard and expect to roll out across the state in the third quarter of FY16.

VI. Monthly Management Reports

FY16 DHIN Goals

Successfully Execute Grant Outcomes: See Section V above.

Generate $75K in revenue from services tied to IMAT platform
DHIN has received two payments of $31,905 from the Healthcare Commission for July through December to cover costs for the licensing, hosting and maintenance of the provider scorecard. Each quarter, DHIN will receive additional revenue for the scorecard

Implement clinical data feeds to 2 paying network participants
We have implemented feeds to Aledade; and continue working on getting additional participants.

Increase out-of-state exchange partnerships by 2 organizations
DHIN is in the process of bringing ADTs from D.C. hospitals into the feeds we get from CRISP. .

We continue to approach Pennsylvania hospitals and the larger Maryland hospitals with little traction. Our path for this goal may be by connecting to a national network. One option would be eHealth Exchange; however, we have been waiting for our upgrade completion to do conformation testing one time. Cerner hospitals would like us to join Commonwell. In addition, we have had conversations with Epic, who will connect us with CareEverywhere at no charge; and as we negotiate data sharing agreements with individual Epic customers, they can flip the switch for

care summary exchanges. Since there are a number of Epic hospitals in Pennsylvania, this may also be an option.

Ensure certification of all MU functionality supported by DHIN
DHIN is in a good position for FY15 through FY17 as a result of the recently announced Final Rule for modified Stage 2 of Meaningful Use. DHIN is currently positioning for 2018 and Stage 3 of Meaningful Use to ensure certification requirements are met.

Implement a unified landing page for all customer-facing end-points sponsored by DHIN (eg CHR, scorecard, etc)
The requirements definition is currently in progress and DHIN is evaluating technical platforms for best fit.

VII. Additional Information

The Committee asked for an update on the Harvard Research Study. Dr. Lee stated Harvard has completed an initial look at the data. The original concept of the study design was looking at the value that DHIN provides in emergency department settings. However, the community health record is not used in most Delaware emergency room departments; over 80% of queries of the CHR come from ambulatory settings. Harvard is now looking at the data from a different angle and will break the study into two parts. The first will not specifically involve DHIN. Harvard will take Aetna claims from across the country and come up with a metric/score on the fragmentation of care, and then come back and demonstrate if it has improved in a setting of a highly connected information ecosystem.

Dr. Lawless reviewed the progress on DHINs ongoing initiatives and stated that even with all the issues that DHIN has had over the past five months with the software/data base conversion, achievements in other areas should be celebrated.

VIII. Other Business

DCHI is a non-profit organization dedicated to the implementation of Delaware's State Healthcare Innovation Plan which provides oversight and coordination of ongoing transformation of care throughout the state. DHIN is the sole member of DCHI, and as such, must approve the DCHI by-laws and appointment of board members and officers.

Dr. Lee presented a proposed revision of the DCHI by-laws changing the number of voting members to be from fifteen to seventeen. The intent of the increase in voting members is to provide further input and diversity. In addition, DCHI is requesting approval of recently named board members Mary Kate Mouser, Deborah Datta and Dr. Julia Pillsbury.

Bill Kirk motioned to approve the proposed changes to the DCHI by-laws; along with the newly named DCHI Board members. Both recommendations will be presented to

the DHIN Board of Directors at the April 2016 meeting for final approval. Dr. Stephen Lawless seconded the motion. Motion was approved unanimously.

Dr. Lawless invited committee members to meet with Leah Binder, CEO of The Leapfrog Group. In 2014, Nemours was Awarded Top Hospital Distinction by Leapfrog Group

NEXT EXECUTIVE COMMITTEE MEETING:
The next Executive Committee Meeting will be held on March 18, 2016 10:00 a.m. at Westside Family Healthcare

IX. Adjourn
The meeting adjourned at 11:30 a.m.

Attendance:

Executive Committee Members Present:

Randy Gaboriault
Rich Heffron
Bill Kirk
Dr. Stephen Lawless
Meredith Stewart-Tweedie
Tom Trezise

Executive Committee Members Absent:
Donna Goodman

DHIN
Jan Lee
Ali Charowsky (DHIN Staff)