

**Delaware Health Information Network  
Board of Directors**

**Wednesday, April 27, 2016  
2:00 p.m. – 4:00 p.m.**

**Christiana Data Center  
One Reads Way, New Castle, DE  
Conference Room 400**

**Meeting Minutes**

**CALL TO ORDER:**

Board Chair Randy Gaboriault called the meeting to order at 2:05 p.m.

**January 27, 2016 MEETING MINUTES:**

Tom Trezise moved to accept the meeting minutes of the January 27, 2016 DHIN Board of Directors' meeting as presented. Rich Heffron seconded the motion. Minutes were approved unanimously.

**COMMITTEE STATUS REPORTS:**

**Executive Committee:**

Randy Gaboriault reported that the Executive Committee met on February 26, 2016. Item of discussion:

- Software Upgrade: Dr. Lee updated the Executive Committee on the progress of the software/data base conversion.
- DHIN has engaged with Gartner Consulting for their five-year strategic planning facilitation.
- **Action Items:** Revision to the DCHI by-laws changing the number of voting members from fifteen to seventeen. In addition, DCHI is requesting approval of recently named board members Mary Kate Mouser, Deborah Datta, Dr. Julia Pillsbury and Timothy J. Constantine; in addition, Lolita A. Lopez as Secretary to the DCHI Board.

Meredith Stewart Tweedie motioned for the approval for the change to the number of voting members on the DCHI Board as presented. Donna Goodman seconded the motion. Revision of the DCHI by-laws were unanimously approved.

Tom Trezise motioned for approval of the new DCHI Board Members and nomination of Secretary. Donna Goodman seconded the motion. New DCHI Board members and secretary were unanimously approved.

**MANAGEMENT REPORTS:**

**Quarterly Financial Report:**

Mike Sims presented the Statement of Cash flows and noted that DHIN had posted a net income of \$576K, which included \$250K of Highmark contributions, which was received earlier in the fiscal year. DHIN ended the quarter with just under \$7MM in the bank.

**ACTION ITEM:**

January 27, 2016 Board of Directors meeting minutes were approved unanimously.

**ACTION ITEM:**

Board of Directors approved the revision of the DCHI by-laws.

**ACTION ITEM:**

Board of Directors approved the DCHI Board Members as presented.

Mike noted that over the next two years, DHIN will begin using its reserves to develop its strategic plan and issue an RFP for its technology platform, per the board's recommendation.

Profit and Loss Statement: Revenue is slightly down due to the cost savings in DHIN's Event Notification Solution (ENS); as well as a delay in getting the Long Term Post-Acute Council (LTPAC) engagement for its VorroHealth CCD solution. The decrease in grant revenue was offset by the increased professional services revenue for Bayhealth, which replaced its interfaces to DHIN as part of the EHR migration to Epic. Expenses were lower than expected due to negotiated savings for DHIN's ENS product, and lower than expected for the CCD implementation expenses.

Mike indicated that notable upcoming expenses in the fourth quarter would be from Gartner Consulting for our Strategic Planning, as well as an evaluation of DHIN's infrastructure needs in support of the upcoming Technology Infrastructure RFP. Other possible upcoming expenses include development of a single-sign on solution and additional analytics licensing with IMAT, which will allow DHIN to store CCD data information into its analytics warehouse. DHIN currently has over 135,000 CCD's collected in the document repository. In addition, DHIN will be developing a Provider Directory as well as migrating the Provider Relations database into a robust CRM system.

As of March 31, 2016, DHIN has \$7.3MM in net assets.

## CEO Update

### **Status of FY 16 Goals**

#### **Grant Activities and Targets**

##### Behavioral Health/Long Term Post-Acute Communities

DHIN continues working with both Behavioral Health and Long Term Post-Acute Communities in executing our grant outcomes. It has been a very slow process, but we continue to move forward step-by-step. The major purpose of the grant is to bring both communities into the digital ecosystem and establish them with Direct Secure Messaging, giving them the ability to securely communicate protected health information point to point. This is in addition to standing up a statewide provider directory for new users to find exchange partners in sending and receiving secure messages.

##### Eligible Professionals

DHIN's target goal at the end of the grant is 475 eligible professionals using ENS. Currently, more than half are live and receiving notifications. In addition, our goal is to have 210 eligible professionals sending CCDs at the conclusion of each encounter. Twenty-seven percent of practices currently enrolled have signed agreements to send CCDs into the document repository. DHIN is scheduled to go live on May 12<sup>th</sup> with 135,000 CCDs going into the community health record.

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 a pilot group of 21 practices/134 providers on the common provider scorecard and

expect quarterly releases. The first release of Version 2 will go out mid/late May and involves new clinical and attribution measures. Release across the state is anticipated to be in the third quarter of FY16; with each release adding more functionality.

#### 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. A draft RFP is out for review to DHIN stakeholders and the final RFP will be posted shortly. Vendor selection and contracting is projected by the end of the quarter.

#### Generate \$75K in revenue from services tied to IMAT platform

DHIN will receive an additional two payments of \$31,905 from the Healthcare Commission for January through June to cover costs for the licensing, hosting and maintenance of the provider scorecard. Total revenue for the scorecard is \$127,620. 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. DHIN currently has a verbal commitment from Delaware Care Collaboration (ACO).

#### Increase out of state exchange partnerships by 2 organizations

We continue reaching out to Maryland hospitals. DHIN is in the process of bringing D.C. hospitals into ENS and sending their ADTs along with Maryland hospitals ADTs into the community health record; production is scheduled for May 2016. In addition, DHIN has joined CommonWell Alliance as a general member; and we are exploring the practical implications beyond helping to define use cases for exchange.

#### Ensure certification of all MU functionality supported by DHIN

DHIN is currently 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 requirements 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 prototype has been demonstrated by MEDfx. If we decide to proceed, DHIN has the ability to meet this goal for FY16 and it can be implemented by June 30, 2016.

Based on Gartner's recommendation, Dr. Lee has requested that we reword the goal to state:

#### Develop an executable plan for a unified landing page for all customer-facing end-points sponsored by DHIN (eg CHR, scorecard, etc)

Tom Trezise moved to accept the rewording of the FY16 Goal as stated above. Dr. Lawless seconded the motion. Rewording for goal was approved unanimously.

**ACTION ITEM:** Board of Directors approved the rewording of FY16 Goal to Develop an executable plan for the unified landing page.

#### Status of 7.4 Upgrade

Dr. Lee gave an update on the status of the software/data base conversion. There has been improved performance since the patch went into production. However, Medicity is not fully meeting the SLA (95% of the time, charts need to load in three seconds or less) and currently the median is three seconds or less. DHIN Management continues to keep pressure on Medicity to honor their SLA.

There will be one more patch to address performance issues, which is currently being piloted by Vermont. However, Medicity is not quite ready to release this version to other clients and DHIN did not want to be first. In addition to the software patch, there have been hardware upgrades to address stability and maintaining system up time.

For the first time in eight months, the infrastructure uptime has met SLA requirements. 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. However, with the recent patches in production, we are slowly gaining recovery and increasing the number of unique users to the system.

Medicity's senior leadership was on site on March 23<sup>rd</sup> and March 24<sup>th</sup> to discuss the issues pertaining to the upgrade and also to discuss reparations.

- A letter of credit for \$165,000 was received as a financial adjustment for lost time for both DHIN and data senders.
- Terms have been agreed upon (need contract amendment) that DHIN will receive access to all historical data at no charge.
- A written plan has been approved and signed for maintenance of PROD, VPROD, CERT and demo environments; a written plan for data refresh, synchronization, etc. will be incorporated into a contract amendment.
- On April 18, 2016, a letter from Medicity's CEO was sent to each DHIN practice accepting responsibility and expressing regret.
- A draft is under review to update the SLA for tightening expectations and penalties for change management, missed dates, configuration errors and poor quality of product.
- There has been discussion, but no timeline on the end-to-end tracking of results, which has an estimated value of \$250-\$500K.

At the January Board Meeting, we discussed reparations for the data senders. DHIN polled the estimated amount of time that was spent on the aftermath of the upgrade. Between September and November, the data senders spent over 1000 hours in unplanned time dealing with issues; DHIN spent an estimated 3000 hours of unplanned time. Medicity has offered compensation of \$165,000 and Dr. Lee requested that the money be disbursed as good faith gesture to the data senders to partially compensate for their lost time.

DHINs Board of Directors feel that the decision to disburse funds should be made by DHINs Management Team and does not require Board vote.

Relevant Legislation:

State HB321

Clarifies the authority of the Division of Public Health to release sexually transmitted disease reports to medical personnel for the purpose of providing health care to the subject of those reports, and that such reports may be distributed for this purpose through an electronic health information exchange, such as the Delaware Health Information Network (DHIN). Status: Notified late on 4/26 that this did not make it out of the committee.

SB52

Requires the Delaware Health Information Network (“DHIN”) to develop and maintain a process to enable a hospital to record in the patient’s electronic health record contained in the DHIN the patient’s designation of a lay caregiver and the lay caregiver’s contact information, as required by § 3002J(b) of Title 16, and if the hospital attempted to or did interface with the lay caregiver, as required by § 3004J(b) of Title 16.

SB 238

This Act establishes a Delaware Health Care Claims Database to be administered and operated within the existing framework of the Delaware Health Information Network. Sixteen states have enacted legislation to create health care claims databases which are generally referred to as an “All Payer Claims Database” or a “Multi Payer Claims Database”.

Federal

Flexibility in the EHR Reporting Act: Has bi-partisan, bi-cameral support in mandating a 90-day rather than 365-day Meaningful Use reporting period for 2016.

**OTHER BUSINESS:**

Randy Gaboriault requested support to invoke a Compensation Committee to meet each year to evaluate and formally recommend to the DHIN Board Executive Committee that the cash compensation for DHIN employees including Management is commensurate with the market; and to evaluate and formally recommend to the DHIN Board Finance Committee that the budgeted annual merit pool compensation for the up-coming fiscal year is commensurate with the market.

The Compensation Committee will meet each year prior to the Board of Directors Annual Meeting; at which time they will deliver a review and recommendation on management compensation for the following year.

Randy Gaboriault motioned for the Compensation Committee to meet each year for discussion of DHIN Staff & Managements cash compensation for a merit/ incentive increase.

Gary Siegelman moved to accept the yearly meeting of the Compensation Committee. Tom Trezise seconded the motion. Motion was approved unanimously.

**ACTION ITEM:** Board of Directors approved the yearly meeting of the Compensation Committee.

**NEXT BOARD MEETING:**

The next DHN Board of Directors Meeting will be held on July 20, 2016 from 2:00 p.m. to 4:00 p.m. at the Christiana Data Center, Conference Room 400.

**PUBLIC COMMENT:**

No one from the public offered comments.

**ADJOURN:**

The meeting adjourned at 4:28 p.m.

**Strategic Planning**

DHIN continues working with Gartner Consulting on a strategic business and technology plan, which will help guide and influence our priorities over the next five years. We have reached out to various stakeholders including the Board of Directors, Business/Technical Staff, Project Managers, Clients and Government Leaders to gain their perspective and insight on DHNs future growth.

**Gartner's Initial Observations:**

**Organization**

- DHIN leadership and staff are committed to the vision, mission and purpose of the DHIN
- DHIN staff at all levels, have recognized that the existing business strategy is being challenged; a change is needed for the DHIN to be valued as a strategic partner and to maintain relevance and market leadership in the community's healthcare ecosystem
- DHIN Leadership and staff are eager to develop the DHIN into a highly trusted strategic partner for its constituency

**Customer Relationship Management**

- DHIN is seen by clients as a vendor that "sells" products rather than as a strategic partner that helps them respond to needs and gaps they can't address on their own
- There is an identified need to develop strategic C-level relationships and communication channels with healthcare and business leaders and government representatives
- Several clients do not feel that their needs have been heard; many identify a disparity in DHIN's focus on different stakeholder groups

**Brand Awareness and Outreach / Marketing**

There are historical perceptions of the DHIN that are based on past discussions and events

- The DHIN needs to re-engage with its stakeholders including government and State leadership to "refresh" its image as a strategic healthcare partner in the community

Stakeholders have identified a need for the DHIN to develop a marketing and communication plan to enhance the public's awareness of:

- DHIN's progress in recent years
- DHIN's presence and strategic partnership with members of the healthcare community
- DHIN's alignment and role with Delaware healthcare transformation and the State Innovation Model (SIM)

### **Service Offering Development**

- Current service offering development does not always appear to be driven through the development of strategic partnerships to successfully engage the DHIN's constituency
- New product / service identification does not appear to be entirely based on a collaborative and transparent process in partnership with the DHIN's constituency
- Market / client demand and grant funder commitments are not well integrated in justification of service offering development but rather mostly driven by the DHIN's internal assessment of community needs

### **Market / Competition**

- DHIN has established infrastructure and market penetration with a very high % of providers participating
- DHIN has achieved maturity and considerable name recognition in the healthcare world
- Some entities feel they can do as good or a better job than DHIN can at DHIN's core business based on maturing HIE offerings from their EHR vendors
- A go forward marketing effort is underway with limited investment of resources or clarity of marketing segmentation that is required

### **Technology**

- System performance has been a long standing issue; image retrieval speed may be slow enough to have limited adoption
- Upgrade issues in the last year have "left a mark" that has yet to be dealt with comprehensively
- Important data content standards have been inconsistently adopted, complied with, or changed by data senders without proper DHIN involvement or notifications
  - There are reports of potential data accuracy issues with little or no consistent process for identifying and correcting data anomalies – quality assurance processes are needed
  - The process to consume data by a data receiver often requires multiple manual interventions

### **Financial**

- Financial sustainability and independence has been achieved thus far – a significant achievement
- Currently, the value proposition for DHIN's products and services is not well understood or well defined
- Given the evolving HIE and healthcare industry landscape, new revenue streams are needed for product development and overall future sustainability

### **DHIN Values Highly**

- Protection and promotion of the health of Delawareans, for the community and individually.
  - Timely availability of data to improve health outcomes of individuals and the community
  - Care of people in their communities
- Reliability and timeliness of decisions, people and processes
- Providers' ability to have fidelity to their practice yet coordinate with other care providers to address clients' health challenges
- Privacy and security of information

### **DHIN Actions**

- We will be a strategic partner in the healthcare ecosystem and demonstrate our understanding and responsiveness to critical issues facing our constituency and community
  - We will offer health information services that are the most impactful to patients, providers and the community
  - We will promote the use of data and information to improve the health of individuals, and the community
- We will enable decision-making by providing information when and where needed efficiently
- We will encourage self-service and self-sufficiency for patients, providers and other stakeholders

### **Preliminary Vision, Mission and Values for Consideration**

#### **Vision:**

The relied upon, highly trusted information hub of the healthcare ecosystem... in which all participants both contribute and receive value... fueling a robust Learning Healthcare System

#### **Mission:**

We serve providers and receivers of care through innovative solutions, making health information useful

#### **Values:**

- We embrace the challenge!
- Collaboration with Integrity
- Service with Accountability

***Board Members Present***

Randy Gaboriault  
Donna Goodman  
Dr. Jeffrey Hawtof  
Rich Heffron  
Michael Hojnicky  
Laura Howard  
Bill Kirk  
Dr. Stephen Lawless  
Dr. Nathan Merriman  
Dr. Gary Siegelman  
Tom Trezise  
Meredith Stewart-Tweedie

***DHIN Staff Present***

Dr. Jan Lee  
Ali Charowsky  
Randy Farmer  
Mark Jacobs  
Ed Seaton  
Mike Sims

***DHIN Staff (Phone)***

Stacey Schiller, a.s.a.p.r.  
Richard Wadman

**Attendance**

***Board Members (Phone)***

Steve Saville

***Board Members Absent***

Meaghan Brennan  
Steve Groff  
Kathleen Matt  
Kimberly Reinagel-Nietubicz  
Dr. Terri Steinberg

***Guests Present***

Erika Chahi, Gartner Consulting  
Kevin Chartrand, Gartner Consulting  
Monica Horton, Attorney General's Office  
Frank Petrus, Gartner Consulting  
Dave Weber, Government Healthcare Services