Delaware Health Information Network
Executive Committee Meeting
Friday, June 24, 2016
10:00 a.m. –1:30 p.m.

In-Person

Christiana Data Center
Conference Room 205
One Reads Way
New Castle, DE 19720

Meeting Minutes

I.   **CALL TO ORDER**
Randy Gaboriault called the meeting to order at 10:08 a.m.

II.   **APPROVAL of May 20, 2016 MINUTES**
Bill Kirk motioned for the minutes to be accepted as presented. Rich Heffron seconded the motion. Minutes were approved unanimously.

III. **Management Reports**
FY16 DHIN Goals
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 verbal commitment from Delaware Care Collaboration (ACO).

Increase out of state exchange partnerships by 2 organizations
District of Columbia hospitals went into production May 10, 2016. We are now receiving ENS and sending ADTs along with Maryland hospitals into the community health record. 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.

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

The prototype has been demonstrated by MEDfx; we are currently waiting to determine the "fit" with our overall strategic architecture.

IV. **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 long process, but we continue to move forward.

Eligible Professionals: One of DHINs goals is to have 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. CCDA Exchange, a component of DHIN's most recent grant, is enabling provider practices to automatically submit care summaries at the conclusion of each patient encounter. DHIN currently has approximately 200,000 care summaries, enabling us to expand the continuum of care data available in the community health record.

The common provider scorecard is a key technical component of the State Health Innovation Plan. The first release of Version 2, which contains additional functionality and updated/new clinical quality measures, was released to the original 21 pilot practices. Of the 21 practices pilot group, five have agreed to do a deep dive in validating the measures using their EHR data and billing data. Overall agreement was positive; however, there was a small handful of measures that were of concern and we have gone back for a deeper dive to understand the disconnects. The May release included Highmark Commercial, United and Medicaid. In the September release, we hope to bring AETNA in as an additional participating payer.

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. Input from DTI, DAG, hospitals and Gartner have been received and we anticipate the final RFP to be posted shortly.

In addition, a product which has been co-developed by both DHIN and mPulse (patent pending) will be a fall back with the consumer engagement strategy; and are currently planning a pilot with DMMA.

V. **Medicity Upgrade and Reparations**

Dr. Lee updated the Executive Committee on the status of the software/data base conversion. The most recent patch to the 7.4 Upgrade went into production last month and we are happy to report that the improvement in performance does appear to be sustained; however patient search response times are still not as fast as we would like.

Medicity's senior leadership was on site on March 23rd and March 24th
to discuss the issues pertaining to the upgrade and 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, Demo environments; also a written plan for data refresh, synchronization, etc. and 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.
- We are negotiating terms in our contract amendment. 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.
- We are negotiating terms in the contract amendment for end-to-end tracking of results.

VI.   Pending Legislation

SB 238: Delaware Health Care Claims Database establishes a Health Care Claims Database to be administered and operated within the existing framework of the DHIN.

- Authorizes DHIN Board or subcommittee to administer the APCD, to review and approve/deny a request for claims data.
- The determination by the DHIN Board shall be made in accordance to the goals and purposes of the statute and with its bylaws, including those pertaining to conflict of interest recusal, and is not subject to appeal or to any other private right of action.
- *Revenue-neutral and will be funded with grant money and other independent funding sources to be identified by DHIN, in accordance with the DHIN's existing statutory authority.

*Status: Passed Senate; Out of House Committee June 15, 2016.

SB 52: Lay Caregivers Act: Section 1 of this Act requires the DHIN to develop and maintain a process to enable a hospital to record in a patient's electronic health record contained in the DHIN the patient's lay care givers information.

*Status: Passed Senate; Out of House Committee June 15, 2016.

HB381: Pre-Authorizations: An electronic submission of information via a web-site, the Delaware Health Information Network, or other method via the internet as delineated by regulation and as accepted by the utilization review entity. This legislation requires greater transparency, efficiency, and fairness in pre-authorization programs.

*Status: Out of House Committee June 22, 2016.

VII.   Strategic Planning Update:
DHIN has been working with Gartner Consulting on a five year Strategic Plan.
Frank Petrus and Kevin Chartrand presented their findings to the Executive Committee
Members. The below five domains were addressed and with approval will be presented to
the Board of Directors at the Annual Meeting in July.

Feedback was received in five domains:

- Vision, Mission, Strategy:
- Governance, Program Management:
- Organization & Staffing:
- Core Service Offerings:
- IT Capabilities, Architecture, etc. (A deep scrub of our current platform and services connected)

VIII.   Selection of FY 17 Goals:

Proposed: Successfully execute grant outcomes and spend down:

Rationale:
- The grant represents a contractual obligation
- Elements of the grant support the State Health Innovation Plan
- Important for DHIN's reputation

Proposed: Develop governance and technical specifications in support of a health claims data base:

Rationale:
- Supports the State Health Innovation Plan
- Supports a State statue - increase relevance to the State
- Supports the transition to value based payment & risk bearing

Proposed: Achieve HITRUST security clarification:

Rationale:
- Required for (UHC) data sharing agreements for Scorecard
- Recognized in the industry as a high standard for data security
- Important for DHIN's reputation recovery

Proposed: Develop required scorecard functionality and release quarterly:

Rationale:
- Supports the State Health Innovation Plan
- Represents a contractual obligation to HCC
- Supports providers entering value-based payment contracts

<u>Proposed:</u> Execute Year One elements of 5-year strategic plan & technology platform refresh:

Rationale:

- Will position us for full execution of remaining elements of the strategic plan

Rich Heffron motioned for the approval of the FY17 Proposed Goals. Donna Goodman seconded the motion. Proposed FY17 goals were approved unanimously.

IX. **Proposed FY17 Budget:**
Donna Goodman presented the proposed FY17 Budget for the Executive Committee's approval prior to the Annual Board of Directors Meeting. Donna noted that FY17 will be the final year of the ONC Grant; in addition to the last installment of 1M from Highmark. The budget includes growth in DHINs personnel to include an Enterprise Architecture and full time marketing employee.

In addition, should Delaware Health Care Claims Database pass, DHIN will need one additional person whose salary will be supported by the grant.

Rich Heffron motioned for the FY17 Budget to be accepted as presented. Meredith Stewart-Tweedie seconded the motion. FY17 Proposed Budget was approved unanimously.

X. Executive Session: [Pursuant to DE Code - Title 29, Chapter 100, § 10004(b)(9)]

XI. **Other Business**
None

XII. **NEXT EXECUTIVE COMMITTEE MEETING:**
The next Executive Committee Meeting will be held on August 19, 2016
10:00 a.m. at Christiana Data Center

XIII. **Adjourn**
The meeting adjourned at 1:15 p.m.

<u>Attendance:</u>

<u>Executive Committee Members Present:</u>
Randy Gaboriault
Donna Goodman
Rich Heffron
Bill Kirk
Meredith Stewart-Tweedie
Tom Trezise

Executive Committee Members Absent:
Dr. Stephen Lawless

<u>DHIN</u>
Jan Lee
Randy Farmer
Ali Charowsky

<u>Guest</u>
Kevin Chartrand, Gartner Consulting
Cheryl Heiks, Cozen O'Connor
Frank Petrus, Gartner Consulting