

Delaware Health Information Network
Board of Directors

Wednesday, October 25, 2017
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.

Introductions of new Board Members Present/Phone: Troy McDaniel, Ann Kempinski and Remy Richman

July 19, 2017 MEETING MINUTES:

The July minutes were adjusted as requested. Bill Kirk moved to accept the July 19th meeting minutes (after corrections). Dr. Merriman seconded the motion. Minutes were unanimously approved.

COMMITTEE STATUS REPORTS:

Executive Committee

The Executive Committee met on September 29, 2017, items discussed:

- Conflict of Interest Statement to be signed by all Board Members
- Dissolution of Consumer Advisory Committee approved
- James Collins has joined Executive Committee

Finance Committee

Donna Goodman noted that the Finance Committee met on October 20, 2017. The committee discussed the preliminary audit results which were published by DHIN's auditors, Belfint, Lyons, and Shuman. DHIN received an unqualified audit review with one immaterial accounting adjustment which needed to be made. In addition, DCHI's results were included into the DHIN report. Donna noted that DHIN received a positive assessment for its work on the ONC single audit. Donna presented a slide which outlined the improvements made compared to the prior year.

MANAGEMENT REPORTS:

September 2017 Financial Package

Statement of Cash Flow: Mike Sims presented the Statement of Cash Flows for the first quarter of FY2018 and noted that DHIN's cash balance decreased in the first quarter due its negative net income; but also due to 4QFY2017 vendor payments and DHIN staff incentives which were paid during 1QFY2018. Mike also noted a significant change in the Accounts Receivable line due to the receipt from ONC of DHIN's remaining ONC grant funds. DHIN successfully exhausted both of its ONC grants, which totaled \$3.3 million. As of 9/30/2017, DHIN had just under \$6.6 million in cash on hand.

ACTION ITEM:

July 19, 2017 Board of Directors meeting minutes were unanimously approved.

Profit & Loss: Mike presented the P&L and noted that Core Services Revenue was on track compared to budget. Mike also noted that the Indirect Grant Income line in the Value Added Service section was below plan by \$238k. Mike noted that this line represents revenue from DHCC in support of the State Innovation Model related Provider Scorecard, HealthCare Claims Database, and Personal Health Record projects. While some of the variance is due to administrative timing, the majority of the variance is due the fact that DHIN received word that its PHR initiative will not be funded by SIM as planned. This represents \$554k in full-year revenue risk. On the expense side, there is savings in the Personnel and Administrative line items due to vacancies. Mike noted that the Contractual expense line was favorable, as it included a placeholder for DHIN's remaining grant expenses. A significant portion of the remaining grant expenses posted to the Marketing, Technology Refresh, Personnel, Administration, and New Function lines. Mike indicated that DHIN is in continuing discussions with Highmark on securing ongoing contracts. Mike also noted that DHIN has made significant progress in identifying ongoing operational savings for FY2019 and beyond for its technology platform expenses, due to reduced hosting expenses and also reduced GUI/portal expenses.

Balance Sheet: DHIN's financial position remains strong, with \$7.5M unrestricted Net Assets, which is equivalent to 270 days of operational funding, exceeding its standard of 180 days.

STATUS of FY18 GOALS:

FINANCIALS

Total annualized FY17 technology costs will be reduced by at least 5% beginning in FY19 through contracting activities occurring in FY18

DHIN's FY17 annualized technical costs were approximately \$4.4M; therefore, DHIN's reduction of 5% would be approximately \$218,509. As a result of our contract with MEDfx, we are anticipating an approximate reduction of \$1.7M in contracts related to the technical refresh. The net final will not be known until all components of tech refresh contracting are completed

Secure new revenue-generating contracts(s) with an annualized value of at least \$175K

DHIN's cost reductions offset the loss of \$1M per year from Highmark. In order to lower participation fees, we also need to generate new revenue.

DHIN's leads for revenue include:

- Negotiations will continue with Highmark
- Cigna is in final contract review; estimation \$42K per year for Event Notification and Clinical Gateway
- Envera: A fee of \$15 per record for patient-requested record review for issuing life insurance

CUSTOMER

Develop a business pro forma to inform a Board of Directors go/no-go decision regarding implementation of the HCCD

DHIN's Board of Directors approved the formation of the HCCD Working Group Committee to work with Freedman Healthcare and DHIN management for both the

Data Collection and the Data Access Regulations.

The final Data Collection Rule was published in the October Register. The proposed Data Access Rule will be ready for publication in the December Register and must be submitted by November 15, 2017.

The application for Medicare data has been completed. Consultants are assessing potential stakeholder needs for standard and ad hoc reports vs access to raw data or data extracts. The technology recommendation will follow.

PROCESS

Execute Year 2 of the Strategic Plan:

ITIL/ITSM implementation of Strategy and Design will occur in FY18 Q3 and Q4.

DHIN's Director of Marketing is drafting an RFP for consulting services to assist with our competitive market analysis

Executing the Technology Refresh:

DHIN's ten years' plus of historical data that Medicity has been hosting for us has been retrieved, downloaded and validated by DHIN. We are now working with MedicaSoft to migrate all of the historical data into the AWS GovCloud. The SOW has been signed and the project should be completed by March 2018.

Mirth results work is required with 27 different EHRs representing 2100 data feeds; 246 practices and 1,447 providers. Our first go-live is planned for November 1, 2017, with one practice and three different EMRs. Should we not be fully engaged by the end of June, we will work with Medicity for a short term extension.

MEDfx was chosen as our new PHR vendor and we are currently working on contracts. We anticipate implementation in the November to June time frame.

Normalizing Clinical Data:

DHIN is ready to bring historical data into NXT; rules, terminology and mapping have been applied. Data is formatted to be sent through FHIR API into Couchbase. We anticipate this to be a several month project and expect to be completed in February/March 2018.

LEARNING

Implement ITIL/ITSM Framework tools and processes specific to the Strategy, Design, and Continuous Service Improvement stages of the ITSM life cycle

- Perform competitive market analysis
- Execute the technology refresh plan (A or B)
- Normalize the clinical data per HL7 and CMS terminology standards

Each staff member will take at least one ITIL/ITSM course at the intermediate level and at least 90% will achieve an intermediate level certification

OTHER BUSINESS:

None

NEXT BOARD MEETING:

The next DHIN Board of Directors Meeting will be held on January 24, 2018 from 2:00 p.m. to 4:00 p.m. at Christiana Data Center.

PUBLIC COMMENT:

No one from the public offered comments.

ADJOURN:

The meeting adjourned at 4:00 p.m.
