

**Delaware Health Information Network
Board of Directors**

**Wednesday, April 29, 2015
2:00 p.m. – 4:00 p.m.**

**Delaware Health Information Network
107 Wolf Creek, Suite 2
Dover, DE 19901**

Meeting Minutes

CALL TO ORDER:

Board Chair Randy Gaboriault called the meeting to order at 2:11 p.m.

January 28, 2015 MEETING MINUTES:

Second page, 2nd line should be amended to “package”. Attendance report amended as requested. Dr. Jeffrey Hawtof motioned for the minutes to be accepted. Bill Kirk seconded the motion. Minutes were approved unanimously.

COMMITTEE STATUS REPORTS:

Executive Committee:

Randy Gaboriault reported that the Executive Committee met on February 27, 2015 and March 27, 2015. Items of discussion:

- Committee has approved partial funding a for three-way grant between Aetna, DHIN and Medicity to participate in a Tier 1 for a Harvard University case study. Using a \$75,000 contribution from DHIN and the remainder of the funds from Medicity, Harvard University will convene a study with a control group in similarly-size El Paso, Texas. According to a 2013 study, Aetna has a 15% market share in El Paso and 13% in Delaware. Over the course of one year, the study will evaluate user logs in an emergency healthcare setting, testing the hypothesis that as DHIN has grown, there’s been a correlating decrease in the total cost and fragmentation of healthcare.
- A new data sender fee based on accessions has been approved which will make it easier for data senders to forecast and plan for their budget.
- Application for ONC grant was approved and submitted.
- Change to Delaware Center for Health Innovation bylaws: Removed approval necessary for the commission to act.

ACTION ITEM:

January 28, 2014 Board meeting minutes were approved as amended.

Finance Committee:

Donna Goodman reported that the Finance Committee has approved an accession based funding model for data senders; invoicing will begin in FY16.

Compensation Committee's recommendation will be up for vote on May 18, 2015, and presented at the July Board of Directors Meeting.

DHIN MANAGEMENT REPORT:**FY14 Financial Statements:**

Mike Sims reported that DHIN has completed the CCHS CMMI grant functionality which creates the ability to send clinical information for a designated cohort of patients, in CCHS' case, cardiac care patients. DHIN will be able to leverage this functionality to provide clinical information to public and private payers to increase the effectiveness of their care management activities.

Mike Sims stated that DHIN purchased a second block of 500,000 identities from IBM for our alternate master patient index, "Initiate." Use of Initiate enables us to offer some services that Medicity cannot yet support. Every time a new patient comes into a DHIN participating system, a new identity in the Initiate Master Patient Index is created. As this service is a high dollar amount and has a projected useful life of more than one year, DHIN will depreciate it over a period of five years.

In addition, Mike Sims stated that DHIN has had a strong FY15 and is on target for yearly revenue goals and a 10% year over year increase in non-results delivery revenue sources. Due to project delays and strong revenue, DHIN will end the year with a positive net income between \$1.5 and \$2.0 million, with cash on hand of over \$5 million. This sets DHIN up well for FY2016 as an investment year – we may post a negative balance on the FY2016 budget, but will still have strong reserves by the end of FY2016. Mike Sims noted that should DHIN obtain full funding of the upcoming ONC grant, DHIN will not have to invest nearly as much of its own money. Planning for FY2016 is currently in process.

Progress Towards FY15 Goals:**Implement at least 2 new data senders outside of Delaware:**

Atlantic General has implemented additional interfaces to include pathology, radiology and transcribed reports. DHIN expects to have Union hospital in production in the third quarter of FY15. In addition, we have executed an MOA with Peninsula Regional and have begun work.

Reduce cost of new data transport and storage by 10 percent of historical average:

Medicity's discounted price has cut cost by 93% for new data senders. Our hosting and maintenance costs have been cut by 25% over a three year period. In addition, we continue leveraging the Mirth infrastructure for transport.

Increase revenue from non-results-delivery sources by \$303,800 (ie 10% of FY14 results-delivery revenue):

Dr. Lee explained that the intent is to diversify our revenue sources and be less dependent on results delivery as our primary source of operational revenue. We continue inching upward and expect to reach our goal by year end.

FY15 Adoption/Relevance Goal:

Our goal is a fifty percent year over year growth in adoption of new services which were introduced in FY14. We have met or exceeded our goals for Event Notification, Image Sharing and Single Sign On; DHIN is nine practices away from our target with Medication History and expect to complete by end of year. However, we continue struggling to reach our goal with Care Summaries; EMR vendor readiness and pricing have caused issues with our intended target. Two EMRs have completed the technical work and we are waiting for MOAs and BAAs from the practices.

Expand participation in DHIN to at least one new constituency (such as consumers):

Dr. Lee explained that we continue to explore options to engage employers, explore tools for consumer engagement and training the VA hospital as users. Additionally, we have executed a contract with DMMA for insurance fraud detection using Health Integrity Strategies as the vendor.

There will be a HealthVault demo at the conclusion of the today's meeting. Once DHIN verifies Microsoft or Medicity can produce the numerator reports for Meaningful Use attestations, the project will move forward.

Dr. Lee also stated that DHIN has met its goal for UCCs/walk-ins.

FY15 Feature/Function Goals:

Stand up infrastructure to support clinical research and population views of data:

Dr. Lee stated that the contract with IMAT has been executed and the work has begun on the Common Provider Scorecard. However, securing the data use agreements to allow the data to be used for research has proven to be challenging. Implementation is expected by the end of the fiscal year.

New York and Kansas have begun to use their HIEs to support research and we will seek copies of their agreements for reference.

In response to concerns voiced by various members of the Board, Dr. Lee explained that the IMAT project allows DHIN to provide analytics, not just data. Small practices that cannot afford an analytics platform will benefit.

Additionally, after discussion, the Board agreed that DHIN and others should collaborate to ensure Delaware is adopting data technology in a coordinated, cost-effective way by supporting both large and small practices.

Implement (or contract for) tools to make clinical data available to payers (e.g. Common Provider Scorecard):

DHIN is able to leverage CCHS CMMI tools for this purpose with modest implementation costs, along with the Provider Scorecard in the works.

Incorporate payer data into DHIN:

DHIN is awaiting payer test data for the provider scorecard with the possibility of acquiring Medicaid claims to begin work of matching with clinical data. We expect completion by the end of the year.

Status of DHIN-EMR Interfaces:

Dr. Lee stated that Amazing Charts is now added, bringing DHINs supported interfaces to 23, with 78% of practices using one of the 23. Seven more EHRs are in testing; but they only bring in 5% of the specialty practices.

Other Business:

Dr. Lee reported on the MIRTH delay in March; from March 16th through March 19th, practices experienced severely degraded performance, manifested as slow processing of messages through the MIRTH engine. The delay was functionally an outage, which was ultimately determined to be due to an incorrect configuration of a network switch in the Baltimore data center. Human factors contributed to the length and severity of the issue.

The total duration from detection of a problem to complete resolution and return to normal operations was a full week, with Beebe and Nanticoke the most affected of the data senders. Twenty one action items have been identified in the Root Cause Analysis (RCA), and will be tracked through to completion.

Dr. Lee reported that DHIN submitted its application for the ONC grant and funding awards will be announced on June 12, 2015. ONC will be awarding a total of \$28M in amounts from \$1M to \$3M to 10 to 12 states with a two year period of performance. Recipients must have an existing infrastructure; this grant emphasizes technical and workflow assistance to rapidly acceleration adoption, exchange and interoperability.

The ONC Grant is both cost and performance based with aggressive milestones. States must target at least one population that was eligible for the EHR Incentive Program (in our case, Eligible Professionals) and two populations that were not eligible for the EHR Incentive Program. Services to EPs that DHIN hopes to accelerate through this grant include C-CDA exchange, ENS and analytics platform. As for populations that were not eligible for the HE\|EHR Incentive Program, DHIN plans to focus on long term post-acute care, behavioral health, and consumers. DHIN will promote widespread adoption of DIRECT Secure Messaging by the LTPAC and behavioral health communities, and will implement tools to enable LTPAC organizations to submit care summaries to the DHIN Community Health Record.

As for consumers, with grant funding, DHIN will also focus on:

- Portal/PHR with connections to HIE and /or practices
- Secure messaging
- Patient education
- Numerator report for MU2

ACTION ITEM: Recruit and hire additional staff; four full time employees; four contractor FTEs to support the grant. Hires will only be made if grant funding is awarded; otherwise, staff increases will be proposed by FY16 budget.

Kathy Matt made a motion to approve the new hires. Rich Heffron seconded the motion. Motion was approved with one vote against and all others in favor.

ACTION ITEM: Involuntary termination of data sender. In September 2014, MedLabs Diagnostics temporarily discontinued operation in Delaware; however they wanted to keep interfaces live in expectation of re-entering the market. Two payments were in arrears and we have been unable to collect the \$1,266 owed. Our

ACTION ITEM: Approved to Recruit and hire additional staff members if the grant is awarded and will cover the costs.

ACTION ITEM: Approval to involuntary terminate data sender

DAG has implemented formal collection proceedings. Though the volumes and the amount are small, they have been unresponsive to our efforts to collect, and there is a cost to DHIN to maintain the interface, whether or not it is carrying data. Additionally, our contract with MedLabs specifies that if they pull out before five years of participation, they will reimburse us for a prorated share of the sunk costs of implementation. Thus, they would owe us several thousand dollars in penalties in addition to the amount owed for data that they have sent us and we have delivered on their behalf.

Bill Kirk made a motion to approve the termination of MedLabs Diagnostic; Donna Goodman seconded the motion. Motion approved unanimously.

PUBLIC COMMENT:

No one from the public offered comments

ADJOURN:

The meeting adjourned at 4:01 p.m.

Attendance

Board Members Present

Randy Gaboriault
Donna Goodman
Dr. Jeffrey Hawtof
Rich Heffron
Bill Kirk
Kathleen Matt
Bettina Riveros
Dr. Gary Siegelman
Dr. Terri Steinberg
Tom Trezise

DHIN Staff Present

Dr. Jan Lee
Mark Jacobs
Randy Farmer
Lynn Misener
Lakeisha Moore
TerriLynn Palmer
Michele Ribolla
Jamie Rocke
Mike Sims

DHIN Staff (Phone)

Andy Gillan
Erica Hutchinson
Michael MacDonald
Cathy Paulish
Brandy Strauss
Richard Wadman

Board Members Absent

Meaghan Brennan
James Collins
Steve Groff
Kimberly Reinagel-Nietubicz
Stephen Saville, J.D

Board Members (Phone)

Stephen Lawless

Guests Present

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

Guests Phone

Aaron Goldstein, Deputy Attorney General's Office