Delaware Health Information Network
Executive Committee Meeting
Friday, May 20, 2016
10:00 a.m. –11:30 a.m.

In-Person

Westside Family Healthcare
300 Water Street, Suite 200
Wilmington, DE

Meeting Minutes

I. **CALL TO ORDER**
Randy Gaboriault called the meeting to order at 10:07 a.m.

II. **APPROVAL of December 18, 2015 MINUTES**
Bill Kirk motioned for the minutes to be accepted as presented. Meredith Stewart-Tweedie seconded the motion. Minutes were approved unanimously.

III. **Management Reports**
FY16 DHIN Goals

DHIN has successfully completed all goals with the exception of Implementation of clinical data feeds to two paying network participants. We have implemented feeds to Aledade; and continue working on getting additional participants.

IV. **Grant Activities and Targets**
As of yesterday, DHIN executed an agreement with Westside Family Healthcare for both ENS and CCDs which will bring on an additional forty providers.

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.

V. **Medicity Upgrade and Reparations**
Dr. Lee updated the Executive Committee 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 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 March 23rd and March 24th
to discuss issues pertaining to the software upgrade and the financial 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

- Written plan has been approved and signed for maintenance of PROD, VPROD, CERT, Demo environments; 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

- A draft is under review to update the SLA for tightening expectations and penalties for change management, missed dates, configuration errors, poor quality of product

- Discussion, but no timeline on the end-to-end tracking of results, which has an estimated value of $250-$500K

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 with 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: Out of Committee May 18, 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: Out of Committee May 18, 2016.

VII. **Strategic Planning Update:**

DHIN continues working with Gartner Consulting in the Strategic Planning Process. We met with Gartner on May 16, 2016, and received feedback in the below five domains:

Vision, Mission, Strategy:
- Mission, Vision, Values are still in the draft process and we are working to refine
- Move from cost-based to value-based pricing

DHINs core services have always been results delivery and the community health record. All members of DHIN are doing one or the other or both; everything else is value added. The idea would be to keep the cost of the core services as low as we can and try to fund them through value added services.

Governance, Program Management:
- Move up the PPM Capability Maturity Framework

Organization & Staffing:
- Recommend full time marketing position; stratified marketing strategy
- Executive level Chief Architect and Innovation Officer
- Additional capabilities needed; not necessarily FTEs, and not necessarily DHIN staff
  - Multi-vendor contract management
  - Service offering/portfolio management

Core Service Offerings:
- Distinguish between core and value added services
- Annual portfolio rebalancing

IT Capabilities, Architecture, etc. (A deep scrub of our current platform and services connected)

- Move to fewer supported standards
- Require our vendors to use open industry standards to minimize dependence and vendor lock-in
- "Optimize" the number of vendors we work with
- Require ISO 20000 Certification for the specific service and facility for all new contracts
- Dedicated Enterprise/Solution Architecture function in-house
- Use a Cloud Service Broker for multi-vendor management, unified customer/user interface, custom development
- Move to multi-sourcing of vendors – a primary and secondary for everything; pay based on usage, and use whichever is currently providing best service
- Identify key technology components of service offerings and go for competitive bids.

As we move towards July 2018, Gartner has given us four alternative recommendations for core services. Criteria has been evaluated on the basis of Business Alignment, Technical Alignment, Time to Deploy, Total Cost of Ownership and Risks; each has been given a weight based on conversations with DHINs Management Team and key stakeholders.

Summary of Various Alternatives

Criteria	Alternative A: Non-Medicity Single Vendor Stack	Alternative B: Medicity Single Vendor Stack	Alternative C: CSB with Mirth & Medicity	Alternative D: CSB with Stack re-procurements
Business Alignment	Acceptable	Moderately Acceptable	Excellent	Excellent
Technical Alignment	Acceptable	Moderately Acceptable	Excellent	Excellent
Time to Deployment	Poor/Non-existent	Excellent	Moderately Acceptable	Poor/Non-existent
Total Cost of Ownership (TCO)	Good	Excellent	Acceptable	Moderately Acceptable
Risks	Moderately Acceptable	Poor/Non-existent	Acceptable	Poor/Non-existent
Composite Assessment	Acceptable	Moderately Acceptable	Good	Acceptable

Legend: Excellent | Good | Acceptable | Moderately Acceptable | Poor/Non-existent

Gartner's recommendation would be Alternative C (Cloud Service Broker with both Medicity and Mirth as our major technology components). However, going with a cloud based service would be aggressive and take much longer than two years; we should look at other vendors that may have capabilities that Medicity does not have available; InterSystems may be an option.

DHIN has been in contracts with Medicity for the last ten years; yet we do not have a sense of expectations or a roadmap for the future. The recent upgrade was a major technology failure which was complicated by people and processes, preventing Medicity from meeting Service Level Agreements.

DHIN currently has four primary vendors: Medicity, Ai, MEDfx and IMAT; moving forward, we would like to leverage the capabilities that they offer and start shifting towards gaining as much cloud service as possible.

VIII. **Other Business**
None

IX. **NEXT EXECUTIVE COMMITTEE MEETING:**
The next Executive Committee Meeting will be held on June 24, 2016
10:00 a.m. at Christiana Data Center

X. **Adjourn**
The meeting adjourned at 11:45 a.m.

Attendance:

Executive Committee Members Present:
Randy Gaboriault
Bill Kirk
Dr. Stephen Lawless
Meredith Stewart-Tweedie
Tom Trezise

Executive Committee Members Absent:
Donna Goodman
Rich Heffron

DHIN
Jan Lee
Ali Charowsky (DHIN Staff)

Guest
Dave Weber, Xerox Government Healthcare Services