

**Delaware Health Information Network
Executive Committee Meeting
Friday, September 30, 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

Dr. Stephen Lawless called the meeting to order at 10:07 a.m.

II. APPROVAL of August 19, 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

Supplemental ONC Grant Update:

DHIN was recently awarded a supplemental grant in the amount of \$625,000. The grant was open for application to the twelve HIE's who currently have a grant under ONC. Delaware was one of four HIE's to receive the grant along with Utah, Oregon and Rhode Island.

The purpose of this grant is to expand the exchange of Admission, Discharge, & Transfer (ADT) files and the notification that is driven by ADTs across state boundaries. Event Notification Service (ENS) is the ability to proactively notify a provider when one of their patients has had a transition in care, ensuring the follow-up occurs quickly. The ADTs received from hospitals, emergency room departments and walk-in/urgent care facilities are the fuel behind the Event Notification System.

Under this grant, ONC is looking to work through a trust and legal framework which can be scalable nationwide. Architecture and standardization of the ADT messages that would allow for exchange nationwide which would fuel Event Notification, Clinical Quality Measure reporting and the Provider Directory for Direct Secure Messaging that crosses state borders.

Senator Carper's Visit:

On September 30, 2016, Senator Carper will be on site to discuss the progress DHIN has made in supporting Delawareans in healthcare and our strategic plans for the next five years.

Medicity

A contract amendment has been executed with Medicity addressing the reparations of the upgrade issues. Most of the items in the agreement have already been completed. However, two items in contract which are outstanding to be worked on are the retrieval of historical data and developing a method to track results delivery from point of origin to point of delivery. The contract amendment specifies that Medicity will have fully agreed upon document requirements within ninety days of the amendment signing and will be on Medicity's development road map for the calendar year 2017. In addition, we have also renegotiated elements of our SLA by placing stiffer penalties on areas that have been reoccurring issues; in addition we have placed accountability on project management.

Mirth Results Pilot Kicked Off

DHIN has kicked off a pilot for Mirth, hoping this will be a viable alternative for results delivery. DHIN has integration to twenty-five different EMRs and over three hundred practices which are using one of the twenty-five EMRs; each one will need to be replaced.

DHIN is also in the midst of another crisis which is impacting CCHS with a massive slowing of results delivery. Results from CCHS are going into the community health record and are viewable; but getting the results delivered to an end point has been at a standstill since Wednesday, September 28, 2016. Improvement has been slow and we are currently eighteen hours behind in delivery.

Grant Execution

Behavioral Health/Long Term Post-Acute Communities:

DHIN has had difficulty moving forward with both the Behavioral Health and Long Term Post-Acute communities. In the next few weeks, we have a meeting scheduled with the Director of Long Term Care Residents Protection to discuss ways we can proceed while we have the grant funding.

Eligible Professionals:

DHIN has been very successful in working with Eligible Professionals and has surpassed the grant goals for Event Notification and CCD Exchange.

Consumer Engagement:

The PHR Evaluation Committee, along with DHIN, has selected MedicaSoft as the vendor for the State-wide Patient Portal. DHIN is in the process of finalizing the contract and expects to have functional service available by December 31, 2016; DHIN expects to begin a direct to consumer marketing campaign in January 2017.

DHIN is working with mPulse on an additional consumer initiative which will be an Event Notification tool for consumers. We will be piloting this project with DMMA with the ability to use the supplemental grant funds. ADT alerts notifications will be

sent to consumers when a result hits our system and the consumer will receive a text message stating that their results are in the DHIN repository. If the patient did not actually have the test performed, DMMA can pursue a potential fraudulent claim before a payment is made.

Delaware Medical Orders for Scope of Treatment (DMOST):

The DMOST program is designed to improve the quality of care people receive at the end of life by translating patient/resident goals and preferences into medical orders.

The DMOST form is based on communication between the patient/resident, Health Care Agent or other designated decision-maker and health care professionals that ensures informed medical decision-making. The document that functions as an actionable medical order and transitions with a patient through all health care settings in order that their wishes for life-sustaining treatment and CPR will be clearly indicated. The program is led by the Goals of Care Delaware (GoCD) Steering Committee, a program of the Delaware Academy of Medicine and the Delaware Public Health Association. Under the statute, DHIN is authorized to create an electronic registry to maintain and store executed DMOST forms and make them available to emergency-care providers, health-care providers and health-care institutions.

As a consumer engagement initiative, we have the ability to use grant funding to cover the initial implementation of the technology required. A Whiteboarding session is scheduled in November to discuss the business requirements, technology solutions and how it would integrate with our current architecture.

As of September 30, 2016, DHIN's spend down on the original ONC grant is thirty-three percent. ONC remains satisfied with DHIN's overall progress and continues to release funds.

Additional Grant Initiatives

- Scalable trust/legal agreements
- Standardize ADT content
- Pilot Event Notification to consumers
- On-board a Telehealth provider
- On-board additional Walk-In clinics
- Implement ENS for a State agency

Goals

- Develop governance and technical specifications in support of a health claims database
- Achieve HITRUST Security Certification
- Develop required scorecard functionality and four releases
- Execute Year One elements of the 5-year strategic plan and technology platform refresh

IV. Revision of DHIN By-Laws

Meredith Stewart-Tweedie stated that the DHIN Executive Committee has the power to act for the Board of Directors on certain matters. As we begin developing the governance and the technical specifications in support of a health claims database, we should also review DHIN's By-Laws. Below is an executive summary for review in order to provide feedback which can then be presented to the Board of Directors at the October meeting:

Updated 9-27-16. For discussion purposes only

Executive Summary—Proposed Changes to DHIN Bylaws

- (1) **Article III: Corporate Purposes.** This provision outlines the statutory purposes of the DHIN. The proposed revision adds a sentence about administering the Health Care Claims Database pursuant to DHIN's authority under the new statute, 16 *Del. C. Ch. 103, Subch. II.*
- (2) **Article IV: Board of Directors**
 - a. **Art. IV §§ 2 and 3—Board Composition:** These provisions specify that there shall be 19 voting members of the Board, and that such members shall reflect certain stakeholder groups. The proposed revision clarifies that such requirements are consistent with those of the DHIN's authorizing statute, 16 *Del. C. § 10302.*
 - b. **Art. IV § 7—Attendance Expectations.** This provision states that Directors are expected to attend all meetings, and states that a Director who misses more than three consecutive meetings or fails to attend a total of $\frac{3}{4}$ of all regularly scheduled meetings in a calendar year is "subject to removal for non-attendance." The proposed revision changes this language to match the statutory language for removal of Directors. The DHIN statute states that the Board may recommend for the Governor's approval the removal of a Director who is absent from 3 consecutive meetings "without adequate reason" or who fails to attend "at least half" of all regular business meetings during a calendar year. 16 *Del. C. § 10302(a).*
 - c. **Art. IV § 8—Restrictions:** This provision currently states that no more than One Director may serve from any organization or agency from which the Director receives income or primary employment. The proposed revision removes the mandatory requirement language and clarifies that such requirements are consistent with those of the DHIN's authorizing statute, 16 *Del. C. § 10302.* Since the appointment authority rests with the Governor by statute, the Bylaws can authorize the Board to make recommendations about membership composition and diversity of organizational membership.

- d. **Art. IV § 9—Terms:** This provision states that a Director may serve two consecutive three-year terms. It also states that Directors whose terms have ended, or Directors who have resigned, are not eligible for re-appointment to the Board for a period of one year.
- e. **Art. IV § 11—Conflicts of Interest:** This provision notes that as a public instrumentality of the State, all DHIN Directors, Officers, committee members and employees are subject to the State of Delaware “Code of Conduct.” This provision requires all Directors, Officers and Committee members to sign a conflict of interest statement and complete a financial disclosure statement.

Proposed revisions:

- i. While the DHIN statute, 16 *Del. C.* § 10303(6), requires DHIN to include in its bylaws a conflict of interest provision requiring Board members, committee members and DHIN staff to sign conflict of interest statements, the statute language is somewhat vague and leaves to the DHIN’s discretion the format and content of such statement. The proposed revision clarifies that Conflict of Interest Statements will be on a form approved by the Executive Committee and signed upon appointment or reappointment of each Director.
- ii. The second proposed revision to this Section attempts to reconcile the bylaws with what the public integrity statute actually requires. DHIN Directors are not public officers under the statute and are not required to file financial disclosure statements, nor are DHIN employees, who also do not constitute public officer employees under the Statute.

(3) Article V: Meetings of the Board

- a. **Art. V § 4—Video Conferencing:** This provision allows the Board to meet by “video conference.” The proposed revision clarifies that the Board may elect to allow Director participation by telephone or other appropriate means, and may elect to meet by video conference, webinar or other means, provided that the Board acts consistently with the requirements of the Freedom of Information Act. The revision is intended to clarify that the Board will generally conduct its business by an in-person meeting, but allows flexibility for special circumstances.
- b. **Art. V § 6--Quorum:** This provision currently provides that “a simple majority of the Board of Directors as composed by statute” will constitute a quorum. The proposed revision states that a quorum is a majority of members appointed, which is consistent with the language of the DHIN statute, and allows a quorum to be satisfied in the event of multiple unfilled vacancies on the Board.

(4) Article VIII: Committees of the Board

- a. **Art. VIII § 5 [new]—Health Care Claims Database Committee.** This proposed new provision authorizes the establishment of a Committee of the Board to administer the Health Care Claims Database. The Committee, which will consist of a minimum of five and a maximum of eleven members, will be authorized to act on behalf of the Board with respect to the approval of requests for claims data in accordance with the statute.

- (5) Article XIII—Amendment.** This provision authorizes the Board of Directors to amend the Bylaws at any regular or special meeting “called for that purpose,” provided that notice of the proposed amendment is given to each Director at least five days in advance of the meeting. It also states that “no notice shall be required if all Directors are present and all vote in favor of the amendment.” The proposed revision removes the last sentence. The Board is already authorized to waive notice and timing requirements by written consent of the Directors pursuant to Article X of the Bylaws.

The proposed changes to the DHIN By-laws were unanimously approved by the Executive Committee and will be presented to the DHIN Board of Directors at the October meeting.

Governance: Delaware Healthcare Claims Data Base:

Both DHIN and legal counsel are working with the Healthcare Commission and McKinsey Consulting to get the Delaware Healthcare Claims Data Base up and running. Once the By-laws are approved by the DHIN Board of Directors, we will have the Governance Committee in position. We continue working on the draft regulations and any issues that arise. We have received approval to hire outside-counsel to help with the writing and drafting of the regulations at no cost to DHIN.

V. Other Business

None

VI. NEXT EXECUTIVE COMMITTEE MEETING:

The next Executive Committee Meeting will be held on December 8, 2016 10:00 a.m. at Westside Family Healthcare.

VII. Adjourn

The meeting adjourned at 11:15 a.m.

Attendance:

Executive Committee Members Present:

Randy Gaboriault
Donna Goodman
Rich Heffron
Bill Kirk
Dr. Stephen Lawless
Meredith Stewart-Tweedie
Tom Trezise

DHIN

Jan Lee
Monica Horton
Ali Charowsky