

**Delaware Health Information Network
Board of Directors**

**Wednesday, January 27, 2016
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.

WELCOME & INTRODUCTIONS:

Randy Gaboriault introduced the newest members of the DHIN Board of Directors. Dr. Nathan Merriman, Gastroenterology Associates of Delaware; and Meredith Stewart Tweedie, Chief Legal Counsel for Governor Jack Markell.

October 20, 2015 MEETING MINUTES:

Dr. Siegelman moved to accept the meeting minutes of the October 20, 2015 DHIN Board of Directors' meeting as presented. Dr. Hawtof seconded the motion. Minutes were approved unanimously.

COMMITTEE STATUS REPORTS:

Executive Committee:

Randy Gaboriault reported that the Executive Committee met on December 18, 2015. Item of discussion:

- Software Upgrade: Dr. Lee updated the Executive Committee on the progress of the software/data base conversion.

Finance Committee:

Donna Goodman reported that the Finance Committee met on January 14, 2016. Items discussed:

- FA committee approved the Mid-Year Financial Forecast to be presented to the DHIN BOD at the January meeting.

Board Development Committee:

Members of the Board Development Committee nominated Meredith Stewart Tweedie as Secretary to the DHIN Board of Directors, replacing Bettina Riveros. Randy Gaboriault motioned for the nomination to be accepted. Dr. Siegelman seconded the motion. Nomination was unanimously approved by the Board of Directors.

ACTION ITEM:

October 20, 2015 Board of Directors meeting minutes were approved unanimously.

ACTION ITEM:

Board of Directors approved the nomination of Meredith Stewart Tweedy as Secretary.

MANAGEMENT REPORTS:

Quarterly Financial Report:

Mike Sims presented the quarterly financial package, which showed financial results through December 2015. As of December 31, 2015, DHIN's bank balance was \$6.7M, an increase of \$1.4M from the prior quarter, driven by receipt of Highmark Blue Cross Blue Shield \$1M payment as well as a decrease in receivables due to payments from several payer and data sender customers.

Profit and Loss Statement: DHIN earned nearly \$1M in net income during the first half of the year.

Revenue: Medicaid enrollment was higher than planned which is driving increased per member per month revenue from DMMA and its MCO's. In addition, DHIN had earned \$300,000 in unplanned ONC grant income year to date. A significant portion of the expenses paid for by the grant were operationally budgeted by DHIN, creating a net positive effect on net income compared to plan. In addition, there was unplanned revenue from Highmark for its Marketplace members.

Expenses: Mike Sims stated that expenses were lower than planned due to a delay in onboarding providers to automatically send CCD documents to the DHIN after each patient visit. This delay was driven by DHIN's Provider Relations team spending a significant amount of time following up on system conversion issues which continued from the September event.

FY2016 Mid-Year Reforecast

Mike Sims presented the mid-year financial reforecast as approved by the Finance Committee at the January meeting, noting that DHIN had included \$1.4M in revenue and expenses related to the ONC grant that were not originally budgeted. In addition to ONC grant revenue, payer revenue increased.

Expenses: DHIN has hired four contractors who are all ONC funded. Expenses increased due to the inclusion of ONC funded projects.

Lastly, DHIN will not spend all of its budgeted funds for its technical vendor RFP as originally budgeted, which will produce a favorable impact in FY2016, but will carry over into FY2017. As a result of the aforementioned changes, DHIN is forecasted to earn \$518,000 in positive net income.

Balance Sheet: Balance Sheet Projection for June 30, 2016, is forecasted to have \$6.2M in unrestricted net assets at the end of the year, giving DHIN approximately nine months of operating reserves to draw from if need be.

Donna Goodman requested a motion to approve the Mid-Year Financial Forecast, which was previously approved by the Finance Committee. Steve Saville seconded the motion. DHIN's mid-year Financial Forecast was approved unanimously.

ACTION ITEM: Board of Directors approved the Mid-Year Reforecast

CEO Update

Strategic planning

DHIN has contracted with Gartner Consulting for a professional facilitation of a deep dive five-year strategic planning initiative. We are working with Gartner to finalize the contract and anticipate a kick-off the first week of February 2016. The initiative will be a 22 week endeavor and we will be reaching out to schedule meetings with

Board members and various stakeholders. We have asked that as deliverables, we should have a near final draft completed for the FY17 budget planning; and the final plan and executive summary to be presented at DHIN's Annual Board Meeting in July.

Federal legislation pending

The Senate health committee released draft legislation for public comment which modifies the HITECH Act, Public Health Service Act. The legislation addresses:

- Interoperability from several angles, including “information blocking” by both vendors and providers (civil monetary penalties).
- Reduces regulatory and administrative burdens related to physician use of EHRs
- Allows documentation to be delegated to non-physician members of the care team
- Encourages the use of HIEs to promote patient access to their data
- Establishes a rating system to allow comparison of certified HIT tools on security, usability, and interoperability, and includes a role for HIEs in developing the rating system
- Potential vendor fines and/or decertification for failure to address substandard ratings
- User compensation fund to assist end users of de-certified HIT
- Requires certified HIT to be able to exchange, access and use data via APIs or successor technology
- ONC, NIST, et al to develop a national framework for trusted exchange between HIEs
- HSS to develop a national digital provider directory with contact info at both individual and organizational level
- In addition, information addressing identity matching is included

Request to authorize additional Help Desk staffing position

DHIN's current staffing has been authorized for 25 employees which include three Help Desk individuals. DHIN's Help Desk Coordinator has been on short term/long term disability since mid-September. Since we have just learned that FMLA applies to DHIN, effective February 1, 2016, we will be restarting the clock on 12 weeks of unpaid leave specifically designated as FMLA, entitling the employee to the same position or one equivalent to the position she held before leaving, assuming she is able to return to work within or by the end of the 12 weeks of FMLA leave.

Dr. Lee requested authorization to hire additional Help Desk staff which will accelerate the anticipated staff request for FY17 by three/four months. This would be a new position and the hire would continue if/when the employee currently on leave returns; giving DHIN a total of four Help Desk employees.

Kathleen Matt motioned to approve the additional hire of Help Desk staff. Steve Saville seconded the motion. Hiring of new Help Desk staff unanimously approved.

7.4 status update

Dr. Lee described the issues that we continue to encounter with the upgrade to 7.4. This upgrade contained not only enhancements in the application and new features and functions, but also a major re-indexing of both the MPI (2.3 million patients) and the clinical data, going back to 2007.

ACTION ITEM: Board of Directors approved hiring of new employee for the Help Desk.

The RMI conversion was completed in mid-December 2015; and while the results delivery issues have been resolved, the overall system performance continues to be sub-standard. 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. In addition, there has been a 12% spike in our daily Help Desk calls. It is important that we get everyone back to a system that works.

The system performance and the amount of time it takes to load a chart ranges from seconds to minutes and the user is sometimes booted out of the system before charts can load. We are now in week 20 of the upgrade and experiencing worse performance than we saw even right after the upgrade in September.

We are currently testing a patch with 50% improvement in chart load time for the same patient in VPROD compared to our actual production environment; however this just brings us back to the same chart load time we had in mid-September, which was awful. This patch is a first in a series that will address the performance issues. Medicity's consultants have reviewed the entire architecture of their platform and have identified approximately 300 specific items that can be done better. Moving forward, Medicity has laid out a long term roadmap for the next year and have discussed which items will be tackled and in which order. Medicity is already working on another patch which is nearly ready to leave the engineering section and be turned over to operations in February; and April will be the earliest that we can take those changes into our production environment.

DHIN has been very transparent in our daily calls with the data senders. We understand the incredible outrage of dealing with this upgrade for the past twenty weeks with no real resolution in sight; however, these issues need to be fixed by Medicity, they are not things that are under DHIN's direct control.

Medicity's senior leadership on-site visit which was originally scheduled for February is now scheduled for March 23rd and March 24th. We have reached out to all data senders inviting them to be on site in lieu of our daily 4:00 PM call on March 23 in order to directly interact with Medicity's senior leadership and convey in person the impact of this upgrade on our members.

At the last Board meeting we discussed the demands that DHIN would require from Medicity. One of the items requested was that Medicity fully compensate both DHIN and the data senders for the huge volume of time that was committed to the unplanned clean-up. In addition, we asked for all of the DHIN data be provided at no cost; a way to track results delivery and the ability to test code-sets.

Medicity has agreed to all requests, with the exception of full reimbursement for staff time. What Medicity is offering in compensation for lost time plus service level penalties is approximately 63% of our request.

Dr. Lee's recommendation is that we accept Medicity's proposal for cash compensation in addition to giving her the ability to negotiate further around details of the historical data extraction and other demands.

Dr. Hawtof motioned to approve giving Dr. Lee the authority to negotiate compensation with Medicity and negotiate further around details of the historical data extraction and other demands. Steve Saville seconded the motion. Motion was unanimously approved.

ACTION ITEM: Motion approved giving Dr. Lee authority to negotiate final terms with Medicity.

In addition, as a goodwill gesture, Dr. Lee is also asking for approval to rebate the data senders the full cost for their time and effort during the upgrade. Data senders have spent between 100 to 300 hours of unplanned time managing the upgrade; DHINs staff time in the neighborhood of 3000 hours. DHIN would contribute the difference between what Medicity is offering and the value of the actual time spent by the data senders in managing the upgrade issues.

Kathleen Matt motioned to reimburse the data senders for their time and effort during the upgrade. Dr. Hawtof seconded the motion.

Yes: 4 No: 5 Abstain: 2

Meredith Stewart-Tweedie presented the motion to hold off on distribution of funds to the data senders and place in board restricted assets on the balance sheet and discuss further at the next Board of Directors Meeting. Steve Saville seconded the motion.

Yes: 5 No: 4 Abstain: 2

ACTION ITEM: Motioned to hold off on disbursing funds to the data senders for unplanned time spent on the upgrade.

Status of FY 16 Goals

Grant Activities and Targets

Behavioral Health

DHIN has had a kickoff meeting with DSAMH to define use cases for Direct and to determine our outreach strategy. We are looking to schedule a follow-up call and present a demo on how Direct works. One Behavioral Health organization has agreed to enroll and contracts are currently under legal review.

Long Term Post-Acute Care

DHIN has had several meetings with the Post-Acute Council Committee over the past year and they have been slow to provide an endorsement of effort to the organizations they represent. Therefore, DHIN representatives have begun the process of soliciting participation by the LTPAC organizations directly. We currently have one LTPAC organization signed up for Direct and a few organizations have signed up for the conversion of their OASIS or MDS data into a care summary C-CDA format that will ultimately come into the DHIN community health record.

Consumer Engagement

The Consumer Engagement initiative overlaps with the State Health Innovation Plan and DHIN's grant funds will be used to implement the statewide patient portal for consumers. DHIN has been reviewing both business and technical requirements in addition to gathering RFPs from other sources. We are in the process of writing the RFP and plan to have it out for proposals by the end of March and vendor selection will be made in the second quarter of FY16.

Eligible Professionals

DHIN has put a lot of energy into this area. Our target is 475 eligible professionals using ENS; almost 475 are currently enrolled; just over half are live and receiving notifications.

By the end of the grant, DHINs goals are to have 210 eligible professionals sending CCDs at the conclusion of each encounter. Approximately 150 are currently live and sending CCDs into our document repository, and these can be queried using IHE XDS.b query and retrieve profiles from within the end users' EHR (if enabled). We are in a conversation with Nemours and ongoing discussions with other practices to activate; however, the majority of our end users will view CCDs through the community health record. DHIN is working on an interface from the MEDfx document repository (which currently holds over 100,000 CCDs) into the community health record. However, due to the upgrade, there have been delays.

The common provider scorecard is currently being used as a platform to provide some level of analytic services to eligible professionals. We have been working with the pilot group on the common provider scorecard and expect to roll out across the state in the third quarter of FY16.

Generate \$75K in revenue from services tied to IMAT platform

DHIN has received two payments of \$31,905 from the Healthcare Commission for July through December to cover costs for the licensing, hosting and maintenance of the provider scorecard. 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.

Increase out of state exchange partnerships by 2 organizations

We continue reaching out to Maryland hospitals. DHIN is in the process of bringing D.C. hospitals into ENS and sending ADTs along with Maryland hospitals into the community health record.

We continue to approach Pennsylvania hospitals and the larger Maryland hospitals with little traction. Our path for this goal may be by connecting to a national network. One option would be eHealth Exchange; however, we have been waiting for our upgrade completion to do conformation testing one time. Cerner hospitals would like us to join Commonwell. In addition, we have had conversations with Epic, who will connect us with CareEverywhere at no charge; and as we negotiate data sharing agreements with individual Epic customers, they can flip the switch for care summary exchanges. Since there are a number of Epic hospitals in Pennsylvania, this may also be an option.

Ensure certification of all MU functionality supported by DHIN

DHIN is in a good position for FY15 through FY17 as a result of the recently announced Final Rule for modified State 2 of Meaningful Use. DHIN is currently positioning for 2018 and Stage 3 of Meaningful Use requirements to ensure certification requirements are met.

Implement a unified landing page for all customer-facing end-points sponsored by DHIN (eg CHR, Scorecard, etc).

The requirements definition is currently in progress and DHIN is evaluating technical platforms for best fits.

Business Development update

DHIN is currently reviewing two additional consumer engagement tools, mPulse and MDLive:

mPulse: A tool that detects consumer fraud. Once a new result hits our system, the consumer is notified via text and will need to validate that they have actually received the service; mPulse does not send results, only validates that the patient was expecting to receive them. If the patient did not actually have the test performed, DMMA can pursue a potential fraudulent claim before a payment is made. DMMA is interested in piloting with selected Medicaid members.

MDLive: A telemedicine solution. Consumer will pay a monthly subscription for telemedicine services. There is a no-risk revenue sharing agreement if consumer subscribes through a DHIN channel.

A broader path would be to recruit participating hospitals and practices to integrate their data (through the HIE) with the MDLive EMR. When a participating provider from one of these organizations connects to the MDLive EMR, all data in the community health record would become available for viewing for that patient; in addition, the results from the call will go back into the community health record as well as the MDLive EMR, further enriching the pool of data. However, there would be a substantial cost to DHIN both in initial implementation and in ongoing annual fees, and we would require significant commitment for participation to ensure we recover our costs. Union is interested, but we would need more participating hospitals before we could commit. At this time, we are only pursuing the no-risk revenue sharing agreement for direct-to-consumer marketing of the Telehealth services. The agreements are under legal review.

OTHER BUSINESS:

Randy Gaboriault requested the Board Members approve a resolution thanking Bettina Tweardy-Riveros for her service (see attached). Bill Kirk motioned for approval of the resolution. Motion seconded by Rich Heffron. Motion approved unanimously.

NEXT BOARD MEETING:

The next DHN Board of Directors Meeting will be held on April 27, 2016 from 2:00 p.m. to 4:00 p.m. at the DHIN Office, Dover, DE.

PUBLIC COMMENT:

No one from the public offered comments.

ADJOURN:

The meeting adjourned at 4:28 p.m.

ACTION ITEM:

Resolution thanking Bettina Tweardy-Riveros for her service to DHIN was unanimously approved.

Board Members Present

Randy Gaboriault
Donna Goodman
Dr. Jeffrey Hawtof
Rich Heffron
Michael Hojnicky
Bill Kirk
Kathleen Matt
Dr. Nathan Merriman
Steve Saville
Dr. Gary Siegelman
Meredith Stewart-Tweedie

DHIN Staff Present

Dr. Jan Lee
Ali Charowsky
Mark Jacobs
Lakeisha Moore
Mike Sims
Pier Straws

DHIN Staff (Phone)

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

Attendance

Board Members (Phone)

Tom Trezise

Board Members Absent

Meaghan Brennan
Steve Groff
Dr. Stephen Lawless
Kimberly Reinagel-Nietubicz
Dr. Terri Steinberg

Guests Present

Monica Horton, Attorney General's Office



Delaware Health Information Network RESOLUTION

Whereas, Bettina Tweardy Riveros, dutifully served as Secretary of the Board of Directors and the Executive Committee to the Delaware Health Information Network from January 2011 to December 2015; and

Whereas, Bettina Tweardy Riveros, taking particular note of her outstanding leadership and guidance in her ability to promote policies that will improve how we deliver healthcare and by providing greater access to better health within our communities.

Whereas, Bettina Tweardy Riveros has been an active volunteer and advocate for improving Delaware's health care system; and making Delaware a leader in health information exchange nationwide.

Whereas, Bettina Tweardy Riveros' passion, dedication, and wisdom will be sorely missed; and

Now, Therefore, the Delaware Health Information Network resolves to recognize her outstanding services, express its gratitude for her efforts, and wish her well in her new duties as Chief Health Equity Officer at Christiana Care Health System, knowing that her talents will continue to serve the State of Delaware.



***Randall P. Gaboriault, Board Chair
Delaware Health Information Network***