

**Delaware Health Information Network
Board of Directors**

**Tuesday, December 13, 2011
9:30 – 11:30 a.m.**

**Christiana Hospital
John H. Ammon Education Building
4755 Ogletown-Stanton Road
Newark, DE 19718**

Meeting Minutes

CALL TO ORDER AND INTRODUCTIONS

Board Chair Randy Gaboriault called the meeting to order at 9:32 a.m. Jan Lee introduced the DHIN staff who were present.

OCTOBER 26, 2011 MEETING MINUTES

Dave Walczak moved to approve the October 26, 2011 Board meeting minutes with a minor correction. Bill Kirk seconded. The minutes, as amended, passed unanimously.

FINANCE COMMITTEE STATUS REPORT

Donna Goodman reported that she and Mike Sims met with the State regarding the \$248,000 still owed to DHIN. She noted that while there has been some progress made in reconciling the accounting, DHIN still has not received this money.

EXECUTIVE COMMITTEE STATUS REPORT

No report.

DHIN MANAGEMENT REPORTS

Jan Lee noted that DHIN is at the mid-point of its fiscal year and offered a progress report on the Board approved strategic goals.

Finances: The DHIN is moving to quarterly reporting and there is nothing new since last Board meeting. At the next Board meeting, the DHIN will present a mid-year budget re-forecast.

Jan reported that DHIN is operating well within budget. At the beginning of the fiscal year, there was a projected \$500,000 budget gap with a need to find

ACTION ITEM:
Minutes approved with minor correction.

Still no resolution of DHIN's claim that \$248K are still due from the State.

DHIN is operating within budget at midyear.

additional funding sources. With the Nemours commitment and the two Division of Long Term Care projects, the DHIN is within \$40K of closing that gap. DHIN continues to negotiate with several radiology practices; if one or more of them sign on to DHIN, it should completely close our gap.

Mike Sims attended several sessions on sustainability at the ONC annual meeting. His insights proved so helpful that he was requested to hold an educational webinar on this topic that was attended by representatives from 25 states.

Staffing:

DHIN had one new hire since the last Board meeting; Brandy Strauss has joined the technical team as a project analyst.

Provider Relations:

Jan reported that slightly fewer than 500 practices are enrolled in DHIN. This represents an 89% growth in practice enrollment in a year over year comparison. Approximately 45% of enrolled practices are signed-off. DHIN's goal is to have 60% of enrolled practices signed-off by the end of the fiscal year. She noted that while significant progress continues, she views it as a stretch to reach this target by the end of the fiscal year. She added though that the implementation team continues to focus on achieving this goal.

The number of practices trained year to date in 2011 is almost double the number trained in all of 2010.

Currently, 1,910 providers (in 496 practices) are enrolled. The number of providers enrolled grows, on average, by about 48 per month. At this rate, DHIN projects hitting its strategic goal for the fiscal year of 95% provider enrollment in March to April 2012

There continue to be practices that have been live for a year or more without signing off. Addressing this is an area of emphasis for the Provider Relations team. Randy Farmer, DHIN Director of Provider Relations, conducted a survey to determine root causes and presented highlights:

- Approximately 18% of practices targeted responded to the survey
- Lack of a practice's EMR interfacing with DHIN was the top response for why a practice has not signed-off. Other leading responses included

DHIN continues to have a high profile nationally.

DHIN is now at full staff.

DHIN is on track to meet enrollment goals for FY12. Sign-off goal is at risk.

A survey to analyze aged non-signed-off practices has been conducted. Results will be used to guide efforts of the Provider Relations team.

- system functionality
- consider DHIN a back-up resource
- the practice's primary data sender is not on DHIN
- training and awareness
- office constraints

Jan noted that four of ten practices surveyed do not plan to attest to Meaningful Use in 2011.

Also, Jan reported that DHIN's progress on implementation of the state's skilled nursing facilities (SNFs) is well ahead of schedule, with 20 of 46 facilities currently live on DHIN. The remaining SNFs should be complete by the end of the first quarter of 2012, a full quarter ahead of contractual obligations.

Project Management and Technical Update:

Jan then reported progress with EMR Interfaces:

- We have certified the interface to NextGen.
- Lab results delivery interfaces are in beta testing for nine additional EMRs and contracts signed with five more.
- A certified interface is currently available for 402 providers in 91 practices (21% of DHIN providers). Completion of beta testing will make an interface available to an additional 77 practices.
- DHIN continues to explore options to accelerate interface development and testing.

Jan stated that DHIN's R5.5.1 system software upgrade is at risk. All issues were not resolved in time for a necessary 48 hour code freeze in advance of a scheduled go-live on December 12. To satisfy ONC requirements, DHIN needs to get the upgrade done in 2011; but, DHIN cannot afford an upgrade process that puts DHIN or its data senders at risk in any way. If all remaining issues are resolved by Wednesday, December 14, then this will allow time for a 48 hour code freeze, leading to an upgrade over the weekend with go-live in production on Monday, December 19. If these targets are missed, it is unrealistic to expect to complete the upgrade until after the holidays, which will require justification to ONC.

Implementation of SNFs is well ahead of schedule.

One new EMR interface (to NextGen) has been certified.

Upgrade to 5.5.1 is at scheduling risk. This upgrade is necessary to move DHIN to a certified version of the software for EH's to attest to MU.

Jan added that Division of Public Health reportable lab results enrichment is one of the still unresolved issues with the 5.5.1 upgrade.

Medicity was unable to meet DHIN's aggressive schedule to implement Direct secure messaging services. As a result, we made a bold decision to switch to Ability as DHIN's vendor for this project. Ability was able to get Direct operational and we are now able to begin assigning Direct addresses. Ability will continue to work to brand all materials for us. We have given the first two of four scheduled webex informational presentations on Direct, which were moderately well attended. DHIN has a goal of at least 50 Direct addresses assigned by Dec 31.

As reported at the previous Board meeting, a significant hardware issue caused a thirty-six hour outage in the DHIN Production environment beginning on 10/20. The system was fully recovered by about 12:00 AM on 10/22. DHIN recently learned of some unexpected consequences of this outage and has been working aggressively, along with Medicity and clinical leadership of CCHS, to understand the full scope and manage the impact to patient care. (See attachment for full details.) No patient harm has or is expected to occur through these events, and appropriate clinical notifications have been made.

Executive Director:

Jan reported that DHIN's work with Nemours continues to proceed well.

DHIN continues to try to get Nanticoke as a member of DHIN. They are applying for grant funding through CMS to augment funding through DHIN's ONC grant and assist them financially.

Recently, DHIN had several marketing opportunities including interviews with Dr. Jan Lee and Mark Jacobs in the HIMSS on-line newsletter as well as a taped interview with Jan for Comcast Newsmakers, which will be broadcast at varying times throughout the next quarter.

CHIRP continues to move toward becoming a reseller to Pennsylvania providers of HISP services provided by DHIN. A teleconference with Marc Niedzielski, DHIN's Deputy Attorney General, determined the easiest way to proceed is for CHIRP to incorporate in Delaware, which they have done, and DHIN execute a memorandum of agreement (MOA) with CHIRP's Delaware LLC. They would be a member of DHIN under the same laws and regulations as other Delaware members, and their financial contribution would be based on the number of Direct addresses purchased from DHIN at \$15 per address

DHIN has moved to ABILITY as our vendor for HISP services. We are currently fully operational and able to assign Direct addresses.

Clinical impact of October's outage has been identified and mitigated.

Work continues to bring on new data senders.

DHIN continues to enjoy high profile.

Work continues to expand into Pennsylvania through offering HISP services to a reseller.

per month. The first draft of the MOA is out for legal review.

The first DHIN town hall meeting was well attended on Nov 9, and participants voiced appreciation for the opportunity to stay informed as to what is happening in DHIN. The next scheduled meeting is Wed, Dec. 14, and dial-in information is available on the DHIN website.

First DHIN Town Hall meeting was a success.

OTHER BUSINESS:

Terri Steinberg reported that Christiana Care, along with a number of other organizations such as Microsoft, are jointly applying for a CMS grant. DHIN and the American College of Cardiology were invited to join the collaboration. The grant proposal would show how joining data sets from a wide range of disparate sources can lead to improved care. Grant award range from \$1 million to \$30 million and Microsoft has hired Booz Allen to write the grant. Terri noted that chances for success are probably between 10-20%, with a very quick deadline, and will know the results probably by March.

Jan Lee stated that she feels DHIN has been asked to participate in something that she doesn't fully understand and is unsure if it is DHIN's interest to participate.

Donna Goodman stated that DMMA paid out the first incentives to the first five providers, and 85 others are in the pipeline for payment.

Bettina Riveros announced that the Delaware Health Care Commission will host an event on January 30 with Jonathan Blum, who will be speaking about Accountable Care Organizations.

NEXT BOARD MEETING

Randy Gaboriault said that the date and time for the next Board meeting will be announced in the near future.

PUBLIC COMMENT

Joanne Hasse expressed her concerns about how to affect wider communication within practices about DHIN. She had a conversation with a couple of members of a multi-location orthopaedic practice about whether they participate in DHIN. Neither they nor one of their doctors even knew their membership status and it turn out they were. How do we get signoff if the doctors themselves don't even know if they are in DHIN?

Randy Farmer, DHIN Director of Provider Relations, acknowledged that it is challenging to communicate with everyone in a large or multiple location practice. In 2012, in conjunction with DHIN's 5th anniversary of going live, to promote the brand and target practices with multiple locations.

ADJOURN

The meeting adjourned at 11:07 AM.



Attendance

Board Members Present

Donna Goodman
Randy Gaboriault
Bettina Riveros
Dr. Senuoke
Ed Ratledge
Dave Walczack
Tom Tresize
Rich Heffron
Rosanne Mahaney
Bill Kirk
Terri Steinberg
Barb Vugrinec (phone)

DHIN Staff Present

Jan Lee
Spiros Mantzavinos
Mark Jacobs
Randy Farmer
Lakeisha Moore
Jamie Rocke
Mike Sims

Marc Niedzielski, Esq. –*DHIN Legal Counsel, Delaware Dept. of Justice.*

Board Members Absent

Andy Bouchard
Meaghan Brennan
Russell Larson
Brian Posey
James H. Sills, III

Guests Present

Joanne Hasse - *League of Women Voters*
Mark Metzger – *Medical Society of Delaware*
Tom Marcin -- *Du Pont*
Tim Gibbs - *DE Academy of Medicine*
Cyndie Ganc -- *DE Physicians Care*
Kimberly Reinagel - *OMB*