Delaware Health Information Network
Board of Directors

Tuesday, October 20, 2015
2:00 p.m. – 4:00 p.m.

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

Meeting Minutes

CALL TO ORDER:
Board Chair Randy Gaboriault called the meeting to order at 2:05 p.m.

July 22, 2015 MEETING MINUTES:
Minutes were amended to reflect a correction in Board Members present.
Dr. Lawless motioned for the minutes to be accepted as amended. Dr. Hawtof seconded the motion. Amended minutes were approved unanimously.

ACTION ITEM:
July 22, 2015 Board of Directors meeting minutes were approved as amended.

COMMITTEE STATUS REPORTS:
Executive Committee:
Randy Gaboriault reported that the Executive Committee met on September 25, 2015. Items of discussion:

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

- FY15 Audit/DCHI: During the FY15 audit, a question arose regarding DHIN's relationship with the Delaware Center for Health Innovation (DCHI). The opinion of the auditor and the State is that since DHIN is a sole member of DCHI, the financial statements will need to be blended.

DHINs legal counsel stated that DHIN is considered the sole member of a non-stock corporation and does have a duty of loyalty in any decisions that are made on behalf of DCHI, as do DHINs board members. An organization that has over fifty percent control of an entity is required to report consolidated audits. As a result of DCHIs by-laws, they are now required to report under DHIN.

Steve Lawless presented a motion for any financial performance measures, performance evaluations and budgetary measures in regards to DHIN are viewed from the DHIN financials and not from the consolidated financials with DCHI Donna Goodman seconded the motion. Motion was approved unanimously.

ACTION ITEM:
Board of Directors approved the viewing of measures from DHIN and not consolidated financials with DCHI

Finance Committee:
Donna Goodman reported that the Finance Committee met on June 21, 2015. Items discussed:

- FY16 Budget: Budget was reviewed and recommended for approval to the Board of Directors at the July Annual Board of Directors Meeting.

- FY15 Audit: With the exception of questions regarding DCHI, DHIN's audit went well.

- Addition to Finance Committee: Steve Saville has been appointed as a member of the Finance Committee.

DHIN MANAGEMENT REPORTS:

Quarterly Financial Report:
Mike Sims presented the quarterly financial package, which showed financial results through September 2015.

Statement of Cash Flows: DHIN's positive net income of $201k for the quarter, combined with changes in payables and receivables, netted DHIN with $5.3 million in cash on hand at the end of the quarter.

Profit and Loss Statement: DHIN was awarded the ONC grant in late July 2015, after the budget was approved; therefore, the budget assumed no funding from the grant. However, DHIN incurred $150k in grant-related expenses through September; and will not be able to draw funds until November, at which time DHIN will be ~~will be~~ able to recognize those funds as revenue. As a result, the $201k in Net Income is understated by $150k - which adjusts to $351k.

Revenue: Mike Sims noted that revenue is above budget due to the higher than expected Medicaid enrollment. DHIN is paid on a PMPM basis, as the number of members increases, so does services provided by DHIN.

Expenses: DHIN is currently below budget in both Personnel due to a delay in hiring, and New Functions due to progress delays on our CCD efforts, all are as a result of the additional time incurred in implementing the 7.4 upgrade.

Unrestricted Net Assets: As of September 30, 2015, unrestricted Net assets on the balance sheet stood at $5.9 million.

CEO Update
Dr. Lee described the issues that have been encountered 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.

DHIN tested this upgrade for 18 months, and we were very confident that the application and new functionality worked as expected. Nevertheless, numerous very severe issues were unmasked when we actually moved the upgrade to production.

Results Delivery: DHIN has encountered issues with all three channels of results delivery, (grid, in-box, and auto-print), none of which were detected during the testing period. Had there been total failure of delivery of results from any given data sender or any given data type, it would have been detected during testing, but in each case, the failure was partial, due to inability to test to a deep enough level – every combination of supported OS and browser version, and every possible configuration of delivery preference and code set values – there are literally thousands of these. The problems came down to individual code set values and delivery preference configurations by the practice. Out of the hundreds of code sets that are part of the total system, there are eight that influence results delivery. Individual providers/practices have various delivery preferences and having to test every single combination and permutation is not something we are able to do manually. DHIN needs standardized data sets that represent each of the configurations. Again, if it had been a total failure, we would have caught it.

All but one results delivery issue is traceable to a code set or configuration error by Medicity. The one exception involved a data sender error which should nevertheless have been caught by Medicity. All results were accepted into the community health record and so were available for viewing there, however, we did not receive error messages that they were not delivered through other channels.

The DHIN system allows for the practice to configure their delivery preferences by data type, by setting (inpatient or outpatient), and by preferred delivery channel. When there is a failure of results by one channel there is a possibility that the ordering provider still receives results by another channel. This helps lower the risk exposure for clinical results not being received by the ordering provider in a timely way, but it makes it harder to trace whether any given result was truly not received at all by any channel for any given provider.

Performance Issues: The MPI conversion was completed during the weekend devoted to the upgrade in September, but the clinical data conversion was known to require several months to complete from the time the upgrade began in mid-September. Three channels trigger a conversion: (1) A new result is received (2) Opening a patient record (conversion "on the fly"); (3) Methodically (in the background) going through one data stage at a time. We had no real way to test this conversion and how it would impact system performance, and Medicity gave us no testing guidance despite repeated requests that they do so.

It is believed that most of the performance issues (time-outs and screen errors, as well as extremely slow chart loads and screen refreshes) are attributable to the need to convert the data "on the fly" in order to load to screen. Until each data stage has been fully converted, if a patient chart is loaded in the CHR, the data for that patient must be converted "on the fly." For patients with very large records, this conversion simply takes too long.

We did not have a testing environment that fully mirrored production volumes and production conditions. Nothing in our CERT environment corresponded to the depth of data and the massively large records in the PROD environment.

While Medicity has performed this upgrade for other clients with larger volumes of data, none of them had eight years of patient data and the large records on individuals that go with that depth of data. Many months ago, we asked Medicity for a replicated prod environment; Medicity stated that a replicated prod environment was not in the current contract and that it is not what they have done in the past with clients who have taken an upgrade successfully.

When will we be back to normal? Results delivery is back to normal, however, performance issues persist. The Record Management Index (RMI) conversion is 19% complete, and at the current rate of progress, it will be another three months before the conversion is complete. Current level of performance is better than immediately after the upgrade, but is still not good enough. As of yesterday, the median chart access time is sixteen seconds and the range can be up to four minutes for larger charts. Even sixteen seconds is too long, and four minutes is intolerable. Each day more and more data is being converted and as the data is converted, performance gradually gets better.

DHINs primary focus right now is crisis management. However, there are also ongoing discussions with Medicity regarding the improvements in testing tools and testing procedures that we insist they must address. In January 2016 we will be meeting with Medicity's CEO and senior executives to discuss expectations and reparations. DHINs damaged reputation from this software upgrade/data base conversion will take years to repair; and we will continue to pursue vendor independence.

The DHIN Board of Directors recognizes the efforts of Dr. Lee, DHIN staff and the data senders in working together to work through this upgrade/data base conversion.

The Board has instructed Dr. Lee that once Medicity's contract expires in June 2018, there will be no extensions. DHIN has already informed Medicity that at that time there will be an RFP and re-compete and that they are welcome to submit a proposal. Going forward we need to ensure the right questions are asked and all information is included in an RFP.

EXECUTIVE SESSION

At 3:40p.m., Randy Gaboriault moved, pursuant to DE Code - Title 29, Chapter 100, §10004(b)(9), that the DHIN Board go into Executive Session to discuss strategies on the ongoing crisis that DHIN is experiencing with Medicity and how we will take full action to restore service. Dr. Steinberg and Dr. Hawtof seconded the motion. The motion was approved unanimously.

DHIN Board of Directors voted to go into Executive Session

At 4:25 p.m., the DHIN Board of Directors voted to exit Executive Session.

ACTION ITEM: All matters in the Executive Session were approved as recommended

OTHER BUSINESS:
Dr. Jeffrey Hawtof motioned for the approval of the Delaware Center for Health Innovation (DCHI) nomination of board members and terms. Dr. Stephen Lawless seconded the motion. Motion was approved unanimously.

NEXT BOARD MEETING:
The next DHN Board of Directors Meeting will be held on January 27, 2016 from 2:00 p.m. to 4:00 p.m. at the Christiana Data Center.

PUBLIC COMMENT:
No one from the public offered comments

ADJOURN:
The meeting adjourned at 4:28 p.m.

Attendance

Board Members Present
Meaghan Brennan
Randy Gaboriault
Donna Goodman
Dr. Jeffrey Hawtof
Michael Hojnicki
Dr. Stephen Lawless
Kimberly Reinagel-Nietubicz
Dr. Gary Siegelman
Dr. Terri Steinberg
Meredith Stewart-Tweedie

Board Members Absent
Steve Groff
Rich Heffron
Bill Kirk
Kathleen Matt
Bettina Riveros
Steve Saville
Tom Trezise

DHIN Staff Present
Dr. Jan Lee
Ali Charowsky
Mark Jacobs
Randy Farmer
Lynn Misener
Michele Ribolla
Jamie Rocke
Mike Sims
Richard Wadman

Guests Present
Scott Perkins, Deputy Attorney General's Office
Stacey Schiller, a.s.a.p.r.

DHIN Staff (Phone)
Erica Hutchinson
Lakeisha Moore
TerriLynn Palmer
Cathy Paulish
Pier Straws