

**Delaware Health Information Network
Executive Committee Meeting
Monday, May 18, 2018
9:30 a.m. – 11:00 a.m.**

In-Person

**Christiana Data Center
One Reads Way, New Castle, DE
Conference Room 205**

Meeting Minutes

I. CALL TO ORDER

Dr. Lawless called the meeting to order at 9:32 a.m.

II. APPROVAL of April 16, 2018 MINUTES

Bill Kirk motioned for the minutes to be accepted as presented. Rich Heffron seconded the motion. Minutes were approved unanimously.

III. Management Reports

Status of HCCD Funding:

The DHIN Board of Directors has approved moving forward only if there is a monetary commitment from the State. We currently have a commitment from one Senator to request contingency funding in the State Operating Budget through JFC; \$5M over a five-year period.

In addition, we are continuing to pursue State funding through the Bond Bill. OMB suggests this would only be palatable if SIM covers July through January and the Bond Bill will pick up costs from February through June. Jan Lee stated that Ann Kempinski, DHSS, expects to hear from CMMI in 2-3 weeks regarding the request for carry-over funds which would support HCCD implementation.

MedicaSoft has agreed to give us a termination clause if State funding becomes unavailable after signing contracts.

Status of Technical Refresh / Community Health Record:

DHIN has not been happy with MEDfx and we are considering terminating our contract and switching to Audacious Inquiry (Ai). DHIN feels that Ai is a more reliable partner and will be less expensive over a five-year period. Both DHIN/Ai anticipate a go-live in December 2018.

In addition, Medicity has offered DHIN favorable pricing to extend our contract with them for an additional six months. The extension would mean only one re-training for end users; there would be no loss of current functionality and no limitation of available data; and reduce stress and pressure on DHIN staff.

The DHIN Board of Directors has instructed us to maintain capital reserves equal to six months of operating expenses.

DHIN's Capital Reserves Under Four Scenarios:

- Scenario 1 -- CHR Lite + MEDfx -- 196 days
- Scenario 2 -- Medicity + MEDfx - 182 days
- Scenario 3 -- Medicity + Ai -- 174 days
- Scenario 4 -- CHR Lite + AI -- 180 days

The most desirable option, Scenario 3, would drop us below our six month operating expenses by one week.

How Would We Recover?

“Hot” Business Development Leads:

- Medscient/Highmark Prior Authorization Proof of Concept – 100K
- Successful pilot would lead to expanded service and venue
- Health EC Clinical Gateway and ENS - \$48K – verbal agreement secured, and currently nailing down contract terms
- AGH Results Delivery Expansion \$5K to \$20K

“Warm” Business Development Leads:

- CCHS/Care Now & Med History (\$60K)
- DE Sleep Centers as a new Data Sender (\$5K)
- DSAMH and Smart Alerts (\$100K for FY19 & \$25K FY)

Dr. Lee presented a motion giving management authority to negotiate using the above scenarios as a guide; subject to capital reserves not going below five months of operating expenses; if that appears likely the Executive Committee will reconvene and discuss. Motion was unanimously approved by the Executive Committee.

Mirth Results Implementation: Thirty-four percent of Mirth Results are currently in production; 42% are ready to go into production; and work has begun on an additional 15%.

Developing Goals for FY19:

Inputs:

- SWOT Analysis (with emphasis on the threats!)
- Gartner 5-year Strategic Plan (FY19 Roadmap Tasks)
- Balanced Scorecard Strategy Maps

Process:

- DHIN management brainstormed possible goals under each Balanced Scorecard perspective
- Refined list, consolidated duplicate/similar concepts

Target:

- At least one goal under each Balanced Scorecard perspective
- No more than 8 goals total
- Two rounds of multi-voting produced recommendations
- Executive Committee tweaks

FY19 Goals:

- Deemed to be the highest value work to advance our strategic vision
- Become part of everyone's incentive plan
- Must be fully executed to claim "met"; therefore, must be a manageable number
- If not fully met, every DHIN employee loses income

Work Plan:

- Additional important work
- Some is strategic in focus, and some is "run the business" – both are important!
- Needs attention throughout the year, but if only partially met, incentives are not impacted
- May be a suitable target for personal goals in annual incentive plan

FY19 Proposed Goals:

Financial: Introduce pricing structure that incentivizes sending us data

Customer: Complete all phases of the tech refresh (CHR, Mirth Results)

Process: Implement the Health Care Claims Database per any conditions imposed by the State in their funding mechanisms

Learning: At least 30% of DHIN employees will become ITIL certified at intermediate level in at least one additional course and will produce process maps, RACI charts, CSSFs and KPIs for at least 70% of defined ITIL processes

IV. NEXT EXECUTIVE COMMITTEE MEETING:

The next Executive Committee Meeting will be held on June 22, 2018 @ 10:00 a.m.
Christiana Data Center.

V. Other Business:

Finance Committee Nomination: Meredith Stewart-Tweedie motioned for the approval of Barry W. Dahllof, Jr., Vice President Enterprise Contracting & Payors Relations, Christiana Care Health System, as a member of DHIN's Finance Committee. Motion was unanimously approved.

VI. Adjourn

The meeting adjourned at 10:37 a.m.

Attendance:

Executive Committee Members Present:

Rich Heffron
Bill Kirk
Dr. Stephen Lawless
Meredith Stewart-Tweedie

Executive Committee Members Not Present:

James Collins
Randy Gaboriault
Donna Goodman

DHIN

Jan Lee
Ali Charowsky
Tom Trezise