

**Delaware Health Information Network  
Meeting of the DHIN Board of Directors**

**Wednesday, October 24, 2018  
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 Vice-Chair Dr. Stephen Lawless called the meeting to order at 2:05 p.m.

**July 25, 2018 MEETING MINUTES:**

Bill Kirk moved to accept the July 25, 2018 meeting minutes once attendee list has been updated. Steve Saville seconded the motion. Minutes were unanimously approved.

**COMMITTEE STATUS REPORTS:**

**Executive Committee:**

Meredith Stewart-Tweedie motioned for the approval of Article VII – Officers of DHIN’s By-laws be changed as follows:

1. Election – Title – Term. The officers of the DHIN shall be a Chair, Vice Chair, Secretary and a Treasurer, and such other officers and assistant officers as may be appointed pursuant to these by-laws. Each officer shall be elected annually by and from the Board of Directors at or before the second regular meeting (which term is to include the annual meeting) following the close of the fiscal year. Such duly elected officers shall serve until the second regular meeting following the close of the fiscal year in which they were appointed, or until a successor shall have been duly elected and shall have qualified. At least thirty (30) days before the meeting at which such officer nominations are to be considered, the Board Development Committee shall submit to the Board Chair proposed nominations for individuals to serve as officers. Each Director shall be given a list of the nominees at least seven (7) days prior to the meeting. Each Director shall be entitled to one (1) vote for each officer position to be filled and the result will be determined by a vote equaling the number of the majority of the Directors present.

Dr. Hawtof moved for approval of the recommended by-law changes. Dr. Merriman seconded the motion. Changes to Article VII of DHIN’s By-Laws were unanimously approved.

**ACTION ITEM:** July 25, 2018 meeting minutes were unanimously approved.

**ACTION ITEM:** Recommended By-law changes were unanimously approved.

Board Development Committee:

Election of Board Officers:

Meredith Stewart-Tweedie motioned for the approval of Board officer nominations as stated: Chair: Randy Gaboriault; Vice Chair: Steve Lawless; Treasurer: Donna Goodman; Secretary: Jonathan Kaufmann. Dr. Merriman seconded the motion for approval of all officer nominations. Officer nominations were unanimously approved.

In addition, Dr. Lee presented a motion and request for all future Board Officer nominations to be presented and approved at the second meeting of each fiscal year which will normally take place at the October Board of Directors Meeting. Dr. Hawtoff seconded the motion, which was unanimously approved. All future Board Officer Nominations will be presented for approval at the October Board meetings.

HCCD Committee:

The HCCD Committee meets the first Monday of each month and has finalized both the committee business rule and the format and procedure for requests of data.

Finance Committee:

Belfint, Lyons & Shuman, presented their findings of the FY18 Financial Statements and Independent Auditors' Report to the Board of Directors. Mike Sims asked for approval of the auditing report. Meredith Stewart-Tweedie moved to accept the report as presented. Bill Kirk seconded the motion. DHIN's FY18 Financial Statement/Audit Report was unanimously approved.

**MANAGEMENT REPORTS:**

Financials:

Statement of Cash Flows: DHIN's cash balance decreased in the first quarter by \$1.1M due to two factors: FY18 expenses that were paid in FY19 as well as receivables issued in 1QFY19 which were not received, including the SIM grant and Payer invoices. DHIN has received most of those receivables to date. All receivables are expected to be collected. The change in Accounts Payable, as DHIN made payments for expenses incurred in FY18, including those related to the development of the new DHIN Community Health Record as well payment of DHIN FY18 staff performance incentives. DHIN's ending cash balance was \$3.75M.

Profit & Loss: Several significant events which occurred during the first quarter of FY19 were reflected in the P&L results. DHIN received approval for \$1.548M in SIM funding, of which \$215K was for activities which occurred and were financially recognized in FY18, leaving \$1.3M in funding for FY19 expenses and activities. SIM funding is independent of the \$2MM that the state's OMB included in its FY19 budget for the Claims Database (HCCD). DHIN is assembling an HCCD budget and once that has been finalized, DHIN will understand the full FY19 impact.

DHIN's revenue is higher than planned due to the SIM funding. Contractual expenses are higher due to an outside assessment of DHIN's infrastructure to determine short term and long term potential operational issues, and the cause of current performance issues. Contractual expenses as well as new function expenses are higher due to project management and technology vendor expenses required to set up the Claims Database.

**ACTION ITEM:**  
Nominations of DHIN Board Officers were unanimously approved.

**ACTION ITEM:** The revised timing for approval of Nominations of DHIN Board Officers was unanimously approved

**ACTION ITEM:** FY18 Financial Statement & Independent Audit Report was unanimously approved.

Lastly, in the first quarter, DHIN began charging its practices for use of the Community Health Record and for the Event Notification System.

The invoices were sent out late in 1Q in order to avoid dissonance caused by system performance issues. The revenue figures in the Community Health Record and Event Notification System revenue categories are gross figures, DHIN expects to see some attrition (this was planned) which will lower revenue in these categories. Mike Sims noted that DHIN will keep the Board informed as DHIN monitors the practices' acceptance behavior. DHIN finished the quarter \$264k better than planned.

#### Balance Sheet

DHIN's balance sheet position remains strong, with \$3.7M in the bank as well as an additional \$1.77MM in Accounts Receivable for various Payer, Data Sender, State payments, and Practice invoices. This is offset by \$0.6M in accounts payable related to system conversion and claims database expenses. DHIN's unrestricted Net Assets as of September 30th stands at \$5.1M, which equates to 241 days of operating expenses.

#### Medicity Update:

##### SEV1 Incidents: May 2018 through October 2018:

Medicity's infrastructure continues to be problematic. We have found that from May through October, 65% of all service disruption representing 12 hours or more of delay were Medicity related. Impacted were CCHS, Bayhealth and Beebe. In mid-October, DHIN split the delivery preference router for all three hospitals in order to enhance the delivery of results.

In addition, we have asked Medicity to decommission interfaces that were not needed. DHIN is performing one step at a time in order to assess the outcome of each step before moving forward. DHIN will continue to be at risk until the termination of Medicity's contract which ends on March 31, 2019.

The Microsoft incident was impactful and affected users world-wide. Also, our third party review of the Mirth infrastructure came with recommendations that we are currently addressing and implementing. In addition, DHIN is addressing human errors through staff training and tooling.

#### STATUS OF FY19 Organizational Goals:

##### FINANCIAL GOALS: Introduce pricing structure that incentivizes sending data to DHIN:

The Hospital Service Package Bundle consists of eight services contingent upon continuing to send data to DHIN, all priced according to transaction volume: Results Delivery, EMR Integrations and CHR are used by everyone. CCD Submission, Clinical Gateway, Single Sign-On, Event Notification and API call to populate patient portal are used on a discretionary basis.

##### Adoption:

Stakeholder adoption includes CCD Submission from two hospitals; Clinical Gateway from three hospitals, Event Notification from three hospitals, Single Sign On from four hospitals; discussing API with one hospital. Atlantic General is delivering all results including for Maryland patient and providers.

**Pricing Structure:**

<b>Ambulatory Service Packages</b>		<b>#Practices Committed</b>	<b>Revenue</b>
CHR Alone	@ \$400	97	\$38,000
CHR + CCD	@ \$200	7	1,400
CHR + ENS	@ \$500	3	1,500
CHR + ENS + CCD	@ \$300	1	300
CHR + Patient Portal	@ \$500		
CHR + PHR Portal + CCD	@ \$300		
CHR +ENS + PHR Portal + CCD	@ \$400		

Deactivating CHR to Avoid Payment.....45 Practices (8%)

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

**Mirth Results**

Phase I has been completed – replicating all Medicity EMR data feeds.  
Phase II is being scoped and will add data sources not present in the Medicity Grid.

Percentage completed: Test Plan and Roll Out have been 100% completed;  
Infrastructure is currently 90% completed; CHR is 32% complete; Clinical Inbox 15% complete and the Rollout is at 0% completion.

**CUSTOMER GOALS:** Enhance at least one current service or introduce a new service to attract new customer segments

**Under Negotiation:**

DHIN is currently in a pilot with two law firms involving the SSA Disability Determination and also in discussion with one more law firm. Another prospect is Smart Alerts and the Division of Substance Abuse and Mental Health (DSAMH). DHIN has also targeted identification of clinical trial prospects: Accelovance, University of Delaware & the Breast Cancer Coalition. Also working with iSpecimen to help identify companies looking for clinical trial prospects

**PROCESS GOALS:** Implement the Health Care Claims Database

**Data Collection: ~ 56% of Delaware Residents:**

With the exception of DMMA and AmeriHealth, three years of historic data through to and including monthly files beginning with October 2018 have been received from the required payers. For now, CMS data can only be used for State-sponsored research. Under SB227, the additional required payers are being contacted.

Three years of historic data has been received from all required payers with the exception of DMMA and AmeriHealth. In October 2018, we began receiving the monthly files. For now, CMS data can only be used for State-sponsored research. Under SB227, the additional required payers are being contacted.

Data Access:

The HCCD Committee is meeting on a monthly basis and have both drafted and sent the Interagency Agreement to the State. Initial reports will be ready for release to the state by the end of October 2018. The HCCD Committee has also received requests for data, but not yet ready to approve.

HCCD Funding and Sustainability:

- Working on a fee structure
- Dr. David Channin has been hired as the Chief Health Information Officer. Dr. Channin will oversee HCCD and Analytics as a service line starting November 12, 2019
- SIM funds (\$1.5M) available through January 2019
- Budget ready for submission to OMB terms of SB 236
- Working with DMMA, DHSS, Freedman on IAPD submission for federal matching funds

**LEARNING GOALS:** 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, CSFs and KPIs for at least 70% of defined ITIL processes

Currently 10 of our 30 employees (33%) have become ITIL certified at intermediate level in a least one additional course. In addition, 10 of 27 processes have been completed totaling 37%.

**Other Business:**

Briefing on State Code of Conduct

- Conflict of Interest Statement (ACTION)

Board Retreat Planning

- Planning for January or February
- Please respond promptly to poll for dates
- Seeking 1-2 volunteers to assist in developing goals for the day and interviewing potential facilitators

**Executive Session: [Pursuant to DE Code – Title 29, Chapter 100, §10004 (b)(9)]**

At 3:58 p.m., Dr. Lawless moved, pursuant to DE Code - Title 29, Chapter 100, §10004(b)(9), that the DHIN Board go into Executive Session to discuss personnel matters. The motion was unanimously approved.

At 4:10 p.m., the DHIN Board of Directors voted to exit Executive Session. Dr. Lawless advised that the DHIN Board of Directors discussed personnel matters in the Executive Session.

**PUBLIC COMMENT:**

No one from the public offered comments.

**NEXT BOARD MEETING:**

The next DHIN Board of Directors Meeting will be held on January 23, 2019.

**ADJOURN:**

The meeting adjourned at 4:15 p.m.

**ACTION ITEM:** Board members present signed and submitted the Conflict of Interest Statement. Those absent will complete at next meeting.

***Attendance:***

**Board Members Present**

Steven Costantino  
Jeffrey Hawtof  
Rich Heffron  
Jonathan Kaufmann  
Bill Kirk  
Dr. Stephen Lawless  
Troy McDaniel  
Nathan Merriman  
Faith Rentz  
Steve Saville  
Meredith Stewart-Tweedie

**Board Members Phone**

Donna Goodman  
Randeep Kahlon  
Kathy Matt  
Remy Richman

**Board Members Absent**

James Collins  
Randy Gaboriault

**DHIN Staff Present**

Dr. Jan Lee  
Ali Charowsky  
Randy Farmer  
Cheryl Heiks  
Jeff Reger  
Jamie Rocke  
Stacey Schiller  
Mike Sims

**DHIN Staff Phone**

Brooke Clogg  
Jody Wilson

**Guests Present**

Christine Bell, Belfint, Lyons, Shuman  
Jonathan Moll, Belfint, Lyons, Shuman  
Rob Horst, Ai  
Addy Naik, Ai  
Scott Perkins, Saul Ewing Arnstein & Lehr, LLP

**Guest Phone**

Mark Hooker, MedicaSoft  
Tanner Polce, Policy Director, Lt. Governor's Office  
Jim Younkin, Ai