

Delaware Health Information Network
Meeting of the DHIN Board of Directors

Friday, February 1, 2019
9:30 a.m. - 11:00 a.m.

Christiana Data Center
One Reads Way
New Castle, DE

Meeting Minutes

CALL TO ORDER:

Board Vice-Chair Dr. Stephen Lawless called the meeting to order at 2:05 p.m.

October 24, 2018 MEETING MINUTES:

James Collins moved to accept the October 24, 2018 meeting minutes. Jonathan Kaufmann seconded the motion. Minutes were unanimously approved.

COMMITTEE STATUS REPORTS:

Executive Committee:

Nomination of Meredith Stewart-Tweedie as Treasurer replacing Donna Goodman.

Jonathan Kaufmann moved for the acceptance of Meredith-Stewart Tweedie's nomination for Treasurer. Bill Kirk seconded the motion. Nomination for Meredith Stewart-Tweedie as DHIN Treasurer was unanimously approved.

Bill Kirk motioned that we present a Resolution to Donna Goodman thanking her for her outstanding service as the DHIN Board of Directors Treasurer for the last eight years. Her commitment and knowledge to the DHIN Board of Directors and Finance Committee has been greatly appreciated and will be missed. Rich Heffron seconded the motion. Resolution for Donna Goodman to be presented at the next Board Meeting was unanimously approved.

Proposed Amendment to DHIN By-Laws:

Jonathan Kauffmann motioned for approval of the recommended By-Law changes absorbing the Finance Committee and Board Development Committee into the Executive Committee, along with the duties of these Committees.

Dr. Lawless and Dr. Hawtoff seconded the motion. The approval of the proposed amendment to the DHIN By-Laws was unanimously approved.

MANAGEMENT REPORTS:

Statement of Cash Flows: DHIN's cash balance increased in the FQFY19 by nearly \$400K due to a positive net income for the quarter driven by HCCD and SIM funding; as well as an influx of receivables from payers for past due invoices. DHIN's ending cash balance was \$4.14M with a positive net income of \$313K.

ACTION ITEM:

October 24, 2018 meeting minutes were unanimously approved.

ACTION ITEM:

Nomination of Meredith Stewart-Tweedie as Treasurer was unanimously approved

ACTION ITEM:

A DHIN Resolution for Donna Goodman's outstanding service was unanimously approved.

ACTION ITEM:

Recommended By-law changes were unanimously approved.

Profit & Loss:

DHIN has continued the favorable trend established in the first quarter, largely in part to the awarded SIM funding which was unbudgeted, since the award was granted after DHIN's budget was approved. As a result, DHIN has exceeded its revenue projections by over \$1M year to date with some offsetting expenses.

DHIN is expected to net approximately \$600K from the SIM grant due to reimbursement of budgeted DHIN staff. DHIN's Community Health Record revenue from the payers is higher than expected due to greater enrollment in Highmark Marketplace.

DHIN is close to our budgeted amount, there are two offsetting trends which will move us to that point. DHIN's unbudgeted Claims Database expenses are offset by the lower Technology Refresh expenses, which are lower due to timing. Our budget assumed a December 31, 2018 launch date which has since been moved to March 2019. In addition, we have savings in the Salaries category due to employee vacancies.

DHIN's net income is \$1M favorable to the budget, which sets us up well for the remainder of the year.

Balance Sheet:

DHIN's balance sheet position remains strong with \$4.1M, as well as an additional \$1.5M in Accounts Receivable for various Payers (\$260K), Data Senders (\$780K) and State payments from the SIM grant (\$387K) all which are expected to be collected. This is offset by \$0.6M in accounts payable related to the system conversion and the Healthcare Claims Database expenses. DHIN's unrestricted net assets as of December 31, 2018 stands at \$5.3M which equates to 249 days of operating expenses.

Mid-Year Reforecast:

Profit & Loss:

DHIN has seen a significant improvement in our mid-year reforecast compared to our budget, primarily due to obtaining the HCCD funding from SIM and the \$2M State budget appropriation. As a result, our sub-grant income has increased substantially, as has our HCCD expenses. In addition, DHIN's payer revenue is higher than planned due to higher than expected Marketplace member counts. DHIN has also increased its headcount by one compared to budget, as we have hired Scott Perkins on as full-time General Counsel, using monies which were already budgeted on a contractual basis. In regards to the system conversion, expenses are closely on target with what was originally planned. Overall, DHIN expects to improve our bottom line by over \$750K compared to budget.

Balance Sheet:

DHIN will end FY19 with \$4.5M in unrestricted net assets. We are currently at \$5.3M for the year and are forecasted to lose \$0.8M in the next 6 months, which will put us at \$4.5M and leave us with 214 days/7 months of operational funding, exceeding our budgeted projection of 154 days.

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 results for Maryland patients and providers.

Note: Approximately 78% of hospitals have elected discretionary bundled services.

Pricing Structure:

Ambulatory Service Packages		#Practices Committed	Revenue
CHR Alone	@ \$400	268	\$107,200
CHR + CCD	@ \$200	19	3,800
CHR + ENS	@ \$500	24	12,000
CHR + ENS + CCD	@ \$300	4	1,200
CHR + Patient Portal	@ \$500	1	500
CHR + PHR Portal + CCD	@ \$300		
CHR +ENS + PHR Portal + CCD	@ \$400		

Note: Net gain of 2 practices sending CCDs under new business model. 8% of participating practices are committed to sending CCDs.

Deactivating CHR to Avoid Payment.....167 Practices (31%)

*Most deactivations are from organizations not regularly using the CHR

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

DHIN is down to the wire on time to correct 32 remaining issues. The team is confident that at least 19 issues will be resolved next week. DHIN has requested an option to extend for one additional month with Medicity; however, they will extend for no fewer than three months. By the end of February, we will know whether we will need to exercise our option to extend. Should DHIN need to extend the contract with Medicity, we will finish the technical refresh in FY19 and will end the year with over 200 days of cash-on-hand.

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

- Smart Alerts” with Division of Substance Abuse and Mental Health is a prospect
- Records to third party by patient request: SSN disability determination with a law firm is a prospect. In addition, a contract has been executed for life insurance underwriting
- Targeted identification of clinical trial prospects: Accelovance, University of Delaware and Delaware Breast Cancer Coalition are prospects
- ADT interface to billing system to enhance administrative data. Cardiology Associates is a prospect
- Tweak iSpecimen to help identify companies looking for clinical trial prospects
- The Healthcare Claims Database has receiving data requests

PROCESS GOALS: Implement the Health Care Claims Database

Data Collection: ~ 56% of Delaware Residents:

Three years of historic data has been received from all required payers with the exception of 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. DHIN has just received approval to put the CMS data into the database.

Data Access:

The HCCD Committee is meeting on a monthly basis and have both drafted and sent the Interagency Agreement to the State which is now under negotiation. Initial reports were released to the State prior to October 31st deadline. The HCCD Committee continues receiving requests for data and working on the fee structure.

HCCD Funding and Sustainability:

- SIM funds were available through January 2019 and have now been exhausted
- Will begin drawing on \$2M State appropriation in February 2019 and will carry us through June 2020
- Working with DMMA, DHSS, Freedman on IAPD submission for federal matching funds. Could be 90% federal match for substantial portions and 75% match for the remainder. We are seeking five years of 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 11 of our 31 employees (35%) have become ITIL certified at intermediate level in a least one additional course. In addition, 14 of 26 processes have been completed totaling 54%.

Other Business:

Conflict of Interest Statement signatures required.

PUBLIC COMMENT:

No one from the public offered comments.

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

At 11:00 a.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 personnel matters. The motion was unanimously approved.

At 11:08 a.m., the DHIN Board of Directors voted to exit Executive Session. Randy Gaboriault advised that the DHIN Board of Directors discussed personnel matters in the Executive Session.

NEXT BOARD MEETING:

The next DHIN Board of Directors Meeting will be held on April 25, 2019 at the Christiana Data Center.

ADJOURN:

The meeting adjourned at 11:10 a.m.

Attendance:

Board Members Present

James Collins
Steven Costantino
Randy Gaboriault
Jeffrey Hawtof
Rich Heffron
Randeep Kahlon
Jonathan Kauffman
Bill Kirk
Stephen Lawless
Troy McDaniel
Kathy Matt
Faith Rentz
Steve Saville
Meredith Stewart-Tweedie

Board Members Absent

Nathan Merriman
Remy Richman

DHIN Staff Present

Dr. Jan Lee
Randy Farmer
Scott Perkins
Stacey Schiller
Mike Sims
Ali Charowsky

Guests Present

Elisabeth Scheneman, DHSS