

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

**Wednesday, April 21, 2021
2:00 p.m. - 4:00 p.m.**

Virtual

Meeting Minutes

CALL TO ORDER:

Board Chair Randy Gaboriault called the meeting to order at 2:06 p.m.

WELCOME & INTRODUCTIONS:

Maestro/DHIN Five-Year Strategic Plan: ACTION ITEM

Randy Gaboriault motioned for the approval of the new Five -Year Strategic Plan. Steve Costantino moved to accept DHIN's Five Year Strategic Plan. Rich Heffron seconded the motion. DHIN's Five-Year Strategic Plan was unanimously approved.

[Executive Summary](#)

January 20, 2021, MEETING MINUTES: ACTION ITEM

Bill Kirk moved to accept the January 20, 2021, meeting minutes. Steven Costantino seconded the motion. Minutes were unanimously approved.

COMMITTEE STATUS REPORTS:

Executive Committee Update:

The Executive Committee approved the Five-Year Strategic Plan which will be presented at the April DHIN Board of Directors Meeting for final approval.

Vacation Rollover: ACTION ITEM

Due to COVID 19 and DHIN's involvement, staff members were not able to use planned vacation time. The Committee approved a one-time, five-day vacation rollover for DHIN Staff from FY21 to FY22.

Randy Gaboriault motioned for the approval of a one-time, five-day rollover of vacation time from FY21 to FY22. Jeffrey Hawtoff moved to accept the motion. Rich Heffron seconded the motion. DHIN's request for a one-time, five-day rollover of vacation time from FY21 to FY22 was unanimously approved.

Investment Policy: ACTION ITEM

The Committee approved DHIN's request to invest a portion of reserve funds with The Vanguard Group. The changes to the Investment Policy will be presented at the April DHIN Board of Directors Meeting for final approval.

ACTION ITEM:

DHIN's Five-Year Strategic Plan was unanimously approved.

ACTION ITEM: The Board unanimously approved the January 20, 2021, meeting minutes.

ACTION ITEM: The Board of Directors unanimously approved a one-time carry over of five vacation days for DHIN Staff from FY21 to FY22.

Randy Gaboriault motioned for the approval of the proposed Investment Policy which will permit DHIN to perform limited investments in S&P 500 market funds and/or a diversified bond funds. The policy will also include which stocks and bonds will **not** be approved for investment. Steve Lawless moved to accept the motion. Bill Kik seconded the motion. DHIN's Investment Policy was unanimously approved.

2021 Investment Policy

HCCD Committee Update: The Committee has not met for several months as there have not been any new applications received from the private sector or outside of our State Agency partners. However, work continues with the three-year strategic plan which was approved last July by DHIN Board of Directors. First two years have been completed and there will be an update presented to the Board of Directors at the July 2021 meeting.

With the assistance of Steven Costantino, DHIN has been able to partner with Medicaid to secure federal financial participation at the rate of 90/10 for implementation for a number of new projects that were part of the HCCD Three-Year Strategic Plan. The on-going funding would be 70/25 which is enhanced federal funding participation. Yearly renewal will be required; and under current law and regulations can be renewed in perpetuity as long as the HCCD remains a part of the Medicaid enterprise system.

Financials:

March 2021 Reporting Package

Status of FY21 Goals:

Goals Met: Replacement for Mirth Results and the New Five-Year Strategic plan

Goals in Progress: Maestro work on Value Study

Goals at Risk:

An additional \$89K in revenue from HCCD

Deployment of DHIN's consent registry

One additional staff member needs to achieve an additional ITIL certification

Financial:

Generate at least \$275K in Revenue from Services Related to the HCCD.

DHIN needs an additional \$89K in HCCD revenue. We have approximately that amount identified in expense recapture through some creative partnership opportunities

Customer:

Develop and Deploy a Consent Management Tool in Support of Reporting and use of Behavioral Health and Substance Use Disorder Data. Version 1 of the tool has been developed. DHIN is currently working with Ai and MedicaSoft on integration into our current technology stack and fully expect a basic consent tool to be available through both the PHR and CHR by June 30, 2021.

ACTION ITEM: The Board of Directors unanimously approved DHIN's Investment Policy.

Internal Processes:

Complete the Migration of Results Delivery to AWS and Conversion from Mirth Results to Insourced and DHIN Managed Solution. DHIN has completed the migration to AWS and the conversion from Mirth Results to insourced and DHIN managed solution.

Develop a New Five-Year Strategic Plan for Board Approval at the April 2021 Board of Directors Meeting. DHIN's new Five-Year Strategic Plan has been presented to the Board of Directors and unanimously approved.

Learning and Growth:

70 % of DHIN Managers will Progress to ITIL Expert level (or v4 equivalent) by End of Year: DHIN need one more person to reach 70%; several employees have not yet tested and are scheduled in the next few months.

Commission an independent third-party evaluation of DHIN's value and benefit to the Delaware healthcare ecosystem: Maestro's Value Study is in progress.

CHR Unplanned Downtime: DHIN's total unplanned downtime for FY20 was 874.75; FY21 year to date unplanned downtime is currently 167.44 hours.

Other Business:

HITRUST Update: DHIN has received a letter from HITRUST announcing our certification effective as of December 31, 2020. However, it is contingent upon a CAP and passing the interim certification next year. The withheld staff incentive payment from FY20 will be disbursed at the next pay period.

Legislative Update:

New Opportunity for APCD Funding:

The Consolidated Appropriations Act of 2021 includes a one-time \$2.5M grant over three years to eligible states to establish or improve an existing APCD. The State will apply to Secretary (HHS), format and content have yet to be determined. The grant requires data be made available for research, quality improvement/cost containment studies, and data for public consumption. Access to aggregate, deidentified data sets must be free of charge and customized reports must be provided "at cost". Prohibitions against disclosure of individually identifiable data, proprietary financial information, and reidentification.

A committee will prepare a standardized reporting format for ERISA plans to voluntarily submit data (seen as a forerunner to eventual legislation requiring ERISA plans to participate in applicable APCD's).

Implications for HCCD:

The development of "standard" de-identified data set is currently in progress. Requirements to provide many data services for free or "at cost" will require revisions in our current fee structure. The infusion of additional funding will enable new hires to handle the volume of reports that will be required. DHIN will provide an updated three-year HCCD Sustainability Plan to the Board of Directors at the July 2021 meeting.

Bottom Line: For the next three years, federal dollars will be the primary funding source to sustain the HCCD.

FY21 Relevant State Legislation:

SB 87: DHIN and Anatomical Gifts: SB87 allows the State’s designated Organ Procurement Organization (OPO) access to data on potential anatomic donors for any purpose identified in Delaware’s Uniform Anatomical Gift Act. SB87 has passed Senate and is headed to the House.

SB 88: DHIN and Protection and Use of Information: SB88 unambiguously brings State statute into harmony with recent federal legislation. Clarifying allowable uses to include treatment, payment, operations, disclosures to public health authorities, and for other purposes allowable under HIPAA and other federal laws and regulations pertaining to the privacy of PHI.

In addition, SB88 allows for the use of de-identified clinical data by providers, purchasers, and researchers for purposes similar to those allowed for use of HCCD claims data. Specifying the identifiable data may not be provided for these purposes without explicit patient consent. DHIN must provide patients with access to their own data held by DHIN, and DHIN must comply with a patient’s request to direct their data to a third party.

Information Blocking Rule: Released by ONC as required by 21st Century Cures Act “Information Blocking” is defined in law as anything likely to interfere with access, exchange or use of electronic health information (EHI).

The Rule identifies “8 reasonable and necessary” exceptions; all exceptions must be made case by case.

“Actors” under the Rule are providers, HINs/HIEs, and technology developers. Developers and HIEs are subject to penalties up to \$1M per violation and Providers engaging in information blocking may be subject to “appropriate disincentives”.

SB88 is the first step to bring us into compliance. We will still have to promulgate a corresponding regulation and re-negotiate contracts with our data senders.

PUBLIC COMMENT:

No one from the public offered comments.

NEXT BOARD MEETING:

The next DHIN Board of Directors Meeting will be held virtually on July 21, 2021

ADJOURN:

The meeting adjourned at 3:52 p.m.

Attendance:

Board Members:

Steven Costantino
Randy Gaboriault
Jeffrey Hawtof
Rich Heffron
Jonathan Kaufmann
Bill Kirk
Stephen Lawless
Troy McDaniel

Board Members Absent:

Joey Bonano
Kathy Matt
Remi Richman

Faith Rentz
Meredith Stewart-Tweedie

DHIN Staff:

Dr. Jan Lee
Ali Charowsky
Randy Farmer
Ashley Green
Erica Hutchinson
Mark Jacobs
Terri Lynn Palmer
Scott Perkins
Jeff Reger
Stacey Schiller
Mike Sims

Guest:

Pam Arlotto
Susan Irby
Kevin Martin
Tim Webb
Mike Mytych
Heidi Davies