



Summary Minutes of Board of Directors Meeting December 12th 2:00pm ET

ATTENDEES

Board Members

- Matt Swanson
- Jan Lee
- Tom Brown
- Rita Landgraf
- Lolita Lopez
- Alan Greenglass
- Nicholas Moriello
- Stephen Kushner
- Faith Rentz
- Julane Armbrister-Miller
- Cindy Bo
- Traci Bolander
- Janice Nevin
- Tim Constantine (phone)
- Kathy Janvier (phone)

Agenda

- Call to Order
- Board Business
- Discussion: DCHI – Planning for 2019 Priorities
- DHIN – HCCD – Status Report, Demo & Discussion
- DCHI 2018 Initiatives Update & Discussion
- Public Comment
- Executive Session

Resolutions

- Approved November meeting minutes.

- Approved Emmilyn Lawson, Andrew Wilson, and E. Kent Evans as new board members.
- Approved Gary Siegelman term renewal, Tim Constantine resignation. Nick Moriello, who fills the designated board category for “one member involved in purchasing health care coverage for employees” member category on the Board will be moved to fill the slot vacated by Tim Constantine, “one member with expertise in payer administration”. Nick Moriello recently assumed the position of President, Marketing Highmark of DE.
- Approved clinical, payment, and patient and consumer chair renewals.
 - Clinical Committee
 - Alan Greenglass & Nancy Fan
 - Payment Workgroup
 - Tom Brown & Traci Bolander
 - Patient & Consumer
 - Rita Landgraf
- Approved board chair, treasurer, and secretary renewals.
 - Board Chair
 - Matt Swanson
 - Board Treasurer
 - Tom Brown
 - Board Secretary
 - Lolita Lopez

Summary of Discussion

Board Business

- November Board minutes were reviewed. The Board unanimously approved the November meeting minutes.
- Cindy Bo provided an update on the 2019 Nominating Committee Progress and considerations. All candidates were alerted that the vote was occurring and are excited to serve. The committee unanimously approved the following candidates:
 - Emmilyn Lawson
 - Andrew Wilson
 - E Kent Evans
- Julane will follow up with each candidate, regarding the Board meeting schedule and other orientation materials.

- The board accepted Tim Constantine’s resignation with regret. The Board also approved Nick Moriello to fill the designated slot previously held by Tim Constantine. The Board thanked Tim for his service to the Board and the work of DCHI. Tim thanked the Board for the opportunity to serve.
- Gary Siegelman’s renewal was unanimously approved.
- The renewal of the Clinical Committee Co-Chairs, Alan Greenglass and Nancy Fan, was unanimously approved.
- The renewal of the Payment Workgroup Co-Chairs, Tom Brown and Traci Bolander, was unanimously approved.
- The renewal of the Patient and Consumer Committee Chair, Rita Landgraf, was unanimously approved.
- The renewal of terms for the Board Chair (Matt Swanson), Treasurer (Tom Brown), and Secretary (Lolita Lopez) were unanimously approved.
- It was mentioned that the Healthy Neighborhoods and Workforce Committees, as well as the Technology Group should be recognized for the work they’ve done.

The Nominating Committee previously proposed a By Laws change request to enable diversification of the Board. Specifically, Cindy Bo described the nominating committee’s barrier to filling one of the two designated slots for a “Practicing Physician Role”. To allow for greater flexibility and in acknowledgement of how care delivery is changing, **the board resolved to explore changing the bylaws to reflect that one of the two existing designated board positions for a “One Practicing Physician” be changed to something more encompassing.** The Board decided to postpone voting on any bylaw changes until after the February Open Board and Stakeholder Meeting. The Board will use the time to: (1) review the existing bylaw language and synthesize what has been propose; (2). Review other necessary changes to the bylaws to reflect the direction and status of DCHI post the SIM grant. The Board will seek input from stakeholders during the strategic planning process that may necessitate other bylaw changes.

Matt thanked Cindy for her work on the nominations and bylaw changes. Cindy thanked the nominating committee for their help.

Other Board Business Discussion Points

- Workforce Development was discussed as a potential and hopeful initiative and committee for reinstatement in 2019.
- Consideration of other potential areas of expertise needed on the board and current required designated board slots.
- Consideration of necessity of “sole membership provision for DHIN” in DCHI bylaws.

Next Steps:

- If Committee Chairpersons intend to propose new members for their committees in 2019, resumes and bios need to be sent to the Nominating Committee. The vote for all committee members, new and standing, will occur in January.

Discussion: DCHI – Planning for 2019 Priorities

Open Board and Stakeholder Meeting

The leadership team is planning a 2019 Open Board and Stakeholder meeting. The meeting will be used as a time to reflect on progress and achievements, and to gather input on future opportunities to advance comprehensive health care reform in DE. The meeting is intended to provide a real opportunity for stakeholder input and feedback on the SIM effort and the needs going forward. The meeting should be inclusive and interactive.

The meeting will be in place of a regularly scheduled board meeting, on the same date (February 13), but with an expanded time (1pm-5pm).

The plan is to generate active audience participation through, small groups and intimate discussions. The larger group will reconvene for a summary and further discussion. This meeting will be an opportunity to engage stakeholders in strategic planning for DCHI.

Speakers will be local stakeholders. They will be asked to talk about successes and challenges under the SIM grant, and goals/opportunities moving forward. The key message is that while the SIM grant is over, the work is not over. There is still a lot to be done to accomplish the aims.

Julane asked for feedback on the proposed name, format, audience, and agenda.

In planning for the meeting, Rita recommended that the Board keep in mind and ask if the pillars DCHI started with are still relevant. There could be other groups taking on those pillars. What is the role of DCHI in interacting with those partners? What gaps exist? Are there other components where DCHI can play a more prominent role?

It is important to recognize and be reminded that the DCHI committees' areas of focus areas are not silo initiatives but are interdependent.

DCHI Mini Strategic Plan

The strategic planning process will be incorporated as part of the Feb 13, Open Board and Stakeholders meeting. The process and deadline are being reconsidered in order to utilize the Feb 13 meeting to gain broad participation and input from stakeholders and to be more thoughtful about priorities.

Next Steps:

- Send Board calendar schedule and invites for 2019 to all board members
- Circulate a Save the Date for the 2019 Open Board and Stakeholder Meeting
- Determine how to collect participant feedback in a strategic and useful way during the Open Board and Stakeholder meeting.

DHIN-HCC – Status Report, Demo & Discussion

Jan Lee, (add title and DCHI Board member), gave a review of the statutory purpose of the Health Care Claims Database. DHIN has five years of medical and pharmacy claims for about 56% of Delaware residents. She noted that it is unlikely that DHIN will exceed 75-80% claims for Delaware residents unless there are changes to the statute.

Jan explained that the HCCD is missing data for one payer. They have not signed the agreement. It's the law, so DHIN anticipates getting that information. That data will raise the percentage slightly of claims on hand. Medicaid fee-for-service and United historical data are in validation now. After the data is obtained, it must be quality checked. Errors have been identified for one payer that requires them to resubmit approximately 90% of their medical claims files.

DHIN met the 10/31 deliverables specified in the appropriations bill. They are working to identify and onboard additional mandatory reporting entities. They are working on interagency agreements with collaborating state agencies.

Dr. Channin, DHIN's Chief Health Information Officer, will oversee the analytics service line. He's working with the DHIN Board to finalize a fee structure for non-state applicants. They will begin taking requests in January. Forms for application to data access or on the DHIN website. Applicants will likely consist of researchers (UD, hospitals, Einstein, and out-of-staters).

DHIN must present a status report to the Governor and General Assembly no later than 3/1/19.

SIM funding continues through the end of January, then DHIN will receive a one-time two-million-dollar state appropriation, which should support the HCCD work for 1-2 years. DHIN needs more money to sustain the HCCD execution beyond that period. They are working with Freedman Healthcare and DMMA to apply for federal matching funds for an additional 5 years. There are a lot of requirements to complete. Ultimately, they need to be able to support the HCCD through fees generated for access to the data.

Challenges ahead include financial sustainability, getting ERISA plans to participate, addressing data gaps (need dental data), proper use of incomplete data sets, and access to Medicare data under the qualified entity pathway.

Dr. Channin provided a demonstration of the HCCD. Concern over accuracy and validation of the database arose. DHIN receives files monthly, but they are 3-6 months behind. DHIN actively engages in quality checks and CQI to test and ensure accuracy of data.

Discussion Points:

- Nick Moriello asked if the HCCD can ever get to 80% of Delaware residents with the exclusion or ERISA. The response and discussion ensued, concluding that while ERISA is not required to submit claims, they can do so voluntarily. But while it's possible, it may not be likely. Self-Insured organizations must voluntarily submit. States cannot compel self-insured companies to submit to a state database.
- There are broad changes across the industry. May need changes in claims database that reflect changes in the industry such as the shift to value-based-payment.
- By statute, the DHIN Board or a Committee (which consists of representatives from Highmark, United, Aetna, Bayhealth, CCHS, legal support, and six board members decide who can access the data. The published business rules of the committee are posted on the DHIN website. Access is granted to those who fulfill the statutory purpose of the claims database. Concerns may arise around access. DHIN should determine how to address those concerns.

Next Steps:

- Jan and Dr. Channin to present an update to the DCHI Payment Workgroup in January.
- DHIN will continue to update and solicit input from DCHI

DCHI 2018 Initiatives Update & Discussion

- Rita Landgraf provided an update on the **Patient and Consumer Committee** work. The committee continues to meet monthly and is looking forward to submitting recommendations for committee members. The committee is exploring the membership structure and wants to focus on including community members on the committee consumer engagement and education is their primary focus. The committee received an update on plans for enhancing the Choose Health 2.0 website and roll out of the new website by end of the 2018 year. Choose Health 2.0 will aim to be more proactive in engaging consumers, using enhanced communication tools. The committee is working to make sure it aligns with other DCHI work, to address gaps in reaching consumers, and strengthening messaging.
 - Discussion Points:
 - It will be more beneficial to engage attendance of patient and consumer members on other committees to reflect integration of consumers – not just in public session but an integrated part of the deliberation-- after the open board and stakeholder meeting.
 - Committees have expressed a desire for a more active role on the part of the Patient and Consumer representatives across all committees.
 - The final meeting of the Primary Care Collaborative was December 12th. Participation by patient and consumer committee members was encouraged.
 - Post the SIM, DCHI may need to put extra emphasis on reaching a broader audience to continue engagement across multisector groups and consumers.
- Alan Greenglass gave an update on the **Clinical Committee**. During the November 13th meeting, the committee approved the proposal to change the committee structure and the format of member engagement. The proposed Clinical Committee restructure elements are: a core/steering committee that will meet bi- monthly, consisting of highly engaged, original committee members, who have committed to continue to serve in 2019. The steering clinical committee group will also engage with an at-large, ad-hoc group brought together around specific issues 3-4 times per year. The committee will seek to tackle issues related to strengthening primary care, such as seeking ways to address current fragmentation of practices and information and increasing administrative burden.
 - Discussion Points:
 - Membership for the at-large group would not need Board approval.
 - Consumers need to be brought back into the equation. Need to hold more focus groups and get a variety of perspectives

from different populations to determine what they value in health care. Need to make sure input is inclusive such as that from s groups like millennials. DCHI should focus on being ahead of the curve to address gaps and to advance new innovative ways for strengthening primary care and consumer participation in their own care. How are we using research on consumer voice and opinion to guide our way?

- Next Steps:
 - The group will reconvene in January to create specific plans to move forward and update the charter.
 - Explore how to engage consumers. Need to share health systems market research.
- Traci Bolander provided an update on the **Behavioral Health Integration Payment** discussion group and progress. The December call was cancelled, with an expectation to have a call in January. While the BHI discussion group make more progress than in previous years to address BHI and BHI payment, more work is needed to continue the efforts underway. There is a definite need to move forward with more advance payment models to ensure sustainable BHI models. The HMA contract ends January 31st and a party should be designated to monitor and/or continue the efforts to date.
- Tom Brown gave an update on the **Payment Work Group**. The group is working to arrive at an agreement for opportunities to address the obstacles for advancing value-based-payment. There is recognition of the need to align goals across all stakeholders as a fundamental step.
 - Discussion Points:
 - Stakeholders are aware of the legal issues that challenge the work of aligning on goals for VBP and the need to avoid any appearance of breaking antitrust rules/laws. It was suggested that an antitrust attorney may be needed to help guide some of the work of the committee to figure out how to make sure it is clear what can be discussed. Clarity and trust are fundamental to moving forward with discussions.

Other Business

- Rita Landgraf applauded Janice Nevin and CCHS for increasing the minimum wage at CCHS .
- Lolita reminded everyone of the first Delaware Health Care Industry Council Meeting on December, hosted by DE Technical Community College on Dec 17. They are encouraging board participation and planning for 250 people.

Public Comment

- No public comment.

The meeting then adjourned into Executive Session.

Next Meeting

- January 9, 2019
- Time: 2:00pm ET
- Location: Del Technology Park, Newark