Health Information Technology Advisory Council
Meeting Notes

Meeting Date	Meeting Time	Location
June 16, 2016	1:00-3:00 pm	Legislative Office Building 300 Capitol Avenue, Hartford Hearing Room 1D

Participant Name and Attendance

State HIT Advisory Council – Appointed Members/ Designees			
Participant Name	**Attended**	**Participant Name**	**Attended**
Victoria Veltri, Chief Health Policy Advisor for the Lieutenant Governor			X
Comm. Roderick Bremby, DSS		Patricia Checko, appointed by Gov	X
Joseph Quaranta (Co-Chair) appointed by Majority Leader of the Sen.	X	Kathleen DeMatteo appointed by Governor	
Comm. Miriam Delphin-Rittmon, DMHAS	X	Nicolangelo Scibelli appointed by Governor	X
Fernando Muñiz For Comm. Joette Katz, DCF	X	David Fusco appointed by Governor	X
Cheryl Cepelak For Comm. Scott Semple, DOC		Jeannette DeJesus appointed by Sen. Looney	*
Comm. Raul Pino, DPH		Ken Yanagisawa appointed by Rep. Aresimowicz	X
Comm. Morna Murray, DDS		Alan Kaye appointed by Rep. Klarides	X
Mark Raymond, BEST	X	Dina Berlyn Designee of Sen. Looney	X
James Wadleigh, Access HealthCT		Rep. Sharkey Speaker of the House of Rep.	
Mark Schaefer, SIM	X	Jennifer Macierowski designee of Sen. Fasano	X
Jon Carroll, UConn Health	X	Prasad Srinivasan designee of Rep. Klarides	*
Demian Fontanella, OHA Acting Healthcare Advocate	X	Patrick Charmel appointed by Majority Leader of Sen.	X
Bob Tessier, appointed by Governor			
Supporting Leadership			
Sarju Shah, HIT PMO	X	Minakshi Tikoo, UCONN	
Faina Dookh, SIM PMO	X		
TO BE APPOINTED			
Health Information Technology Officer (Lt. Gov)			
Representative of the CT State Medical Society (Pro Tempore of Senate)			
Health Care consumer or a health care consumer advocate (Speaker of the House)			
Representative of a FQHC (Pro Tempore of Senate)			
Technology expert who represents a hospital system (Speaker of the House)			

* Council members participating via conference line.

Meeting Schedule   2016 Dates – July 21, August 18

Health Information Technology Advisory Council

Meeting Notes

	Agenda	Responsible Person	Time Allotted
1.	**Welcome and Introductions**	**Council Members**	**5 min.**
	Call to Order: The fourth meeting of the Health IT Advisory Council for 2016 was held on June 16 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:04 pm, Joseph Quaranta presiding.		
2.	**Public Comment**	**Public Attendees**	**10 min.**
	There were no comments from the public.		
3.	**Review and Approval of the April 21, 2016 Minutes**	**Council Members**	**5 min.**
	The motion was made by Fernando Muñiz, and seconded by Miriam Delphin-Rittmon to approve the minutes of the April 21, 2016 meeting. **Motion carried.**		
4.	**Review of Previous Action Items**	**Victoria Veltri**	**5 min.**
	Victoria Veltri began the discussion by revisiting the list of stakeholders that will be part of the stakeholder engagement process for the development of an HIE. It is anticipated that a facilitator will be hired for this activity. Vicki Veltri asked council members if there are additional participants for inclusion in which Joseph Quaranta mentioned to add medical specialties/societies to the list. Vicki Veltri then recapped the April meeting where DSS presented on the IAPD and their recent funding approval. If council members have any questions regarding the IAPD, they were welcome to email questions to Sarju Shah. Questions will be shared with DSS. Action items from the previous meeting were reviewed and appropriate action was taken. {table below}		
5.	**Legislative Update**	**Victoria Veltri**	**10 min.**
	Vicki Veltri introduced Sarju Shah. She is a project manager who is assisting with the council meetings and will support the Health Information Technology Officer (HITO) once he or she is onboard. An email communication was sent to Council Members regarding the recent legislation and the tasks at hand. Public Act 16-77 passed on May 2, 2016 and signed by the Governor on June 2. The legislation requires the Lt. Governor to designate HITO to coordinate statewide HIT activities/ initiatives and coordinate the development of the HIE. It also changes the chair of the Health IT Advisory Council to be the HITO. Currently, Vicki Veltri is working to secure services of a search firm for a proactive recruitment of HITO candidates. The goal is to onboard the HITO by 8/1/16. Under the legislative requirements, specific tasks are needed to be conducted/completed. These tasks are the responsibility of the HITO:		

Action Items	Responsible Party	Status
Stakeholders for inclusion in the development of the HIE Requirements	DSS/ Health IT Advisory Council	Closed. Additional stakeholders should be sent to Sarju Shah.
Solicit questions regarding the IAPD	DSS/ Health IT Advisory Council	Closed. No additional questions regarding the IAPD received. Additional question should be sent to Sarju Shah.

- Chair the Health IT Advisory Council
- Establish an HIT PMO
- Identify a vendor to perform facilitation services for the Health IT Council
- Identify vendor to perform the stakeholder engagement process for both SIM HIT and the statewide Health IT advisory Council. Oversee the stakeholder engagement process
- Either prepare an RFP or secure a vendor to develop an RFP for the HIE
- Assist in drafting updates/revisions to the HIT portions of the SIM Operational Plan and project and budget narratives
- Produce an Annual Report to the Legislature per enabling legislation
- Coordinate HIT activities

While the HIE is a major focus of the legislation; the legislation goes beyond the HIE. There many HIT activities occurring in the state that need coordination. For example, there is also a lot of work occurring in the State Innovation Model Initiative that requires health information technology solutions and also dovetails the work of this council. As a result of the legislation, the work of the SIM HIT Council will be folded into this council so that there is one forum for the overall health information technology advice and for the HITO to oversee this process. Also, due to many HIT related activities occurring in the state the HITO will establish a Project Management Office to help coordinate these activities – this includes working across SIM, APCD, Medicaid and other initiatives.

Alan Kaye asked about how the HITO is funded. Vicki Veltri responded that the HITO will be funded through federal funds. He mentioned his support of the folding of the HIT activities into this council; however, he requests that the HIE remains a major focus. Vicki Veltri also mentioned that the SIM HIT solutions are supposed to support the statewide needs and the HIE is a major part of this initiative.

Mark Raymond echoed Alan Kaye's concerns over the focus remaining on the HIE. He also believes that having someone full-time to focus on this, even though it might be a slightly broader scope, is far better than having a lot of people spending part-time efforts on this important initiative. He applauds the efforts occurring across the state and within all of the entities. He believes this is the right direction by having someone be a focal point; act as a coordination point; hear all the feedback and able to turn that around to help the council/state prioritize our steps and help us achieve our goals.

Pat Checko commented as a SIM HIT and the HIT Executive Committee member, she is delighted about this merge, partly due to Mark Raymond's concern with part-time efforts, but mostly very concerned about the role and importance of the EHR in the movement of health information as well as its role in measuring quality.

Jen Macierowski adds her enthusiasm and support to the HITO and thanks Lt. Governor and her team in recognizing this critical gap and to marshal this forward.

6.	Appointments Update	Victoria Veltri	10 min.
	The legislation adds four members to the council including the HITO. It was anticipated since the council will absorb the duties of the SIM HIT Council that a few members would be added to this group. They will bring all the work and information from SIM HIT to this council. This will ensure a transition of the work and representation of those stakeholders in this council. We are in the process of receiving appointments. The appointments are: 1. A representative of the state medical society 2. A health care consumer		

	3. A technology expert from a hospital system There is also one vacancy for a representative of an FQHC.		
7.	**SIM relevant updates**	**Faina Dookh**	**30 min.**
	Faina Dookh presented on the preparation of the SIM Operational Plan including SIM aims, primary and secondary drivers, and accountability targets. The Operational Plan builds on previous work of developing the SHIP and SIM test grant. CMMI requires that achieving SIM aims will lead to better health for our population, better health care for individuals, and reduced costs through improvements. Connecticut SIM aims also include a specific focus on empowering consumers and promoting health equity. Specific measure targets were shown. CMMI requires the collection of other metrics, including penetration of value-based payment models. National goals have been set to move away from fee-for-service to alternative payment models. SIM will track multi-payer participation in value based payment models, provider participation, and what percentage of our entire state population go to a doctor who is accountable for the quality and cost of their care. SIM primary drivers are the main system components or factors that contribute directly to achieving the aims. The secondary drivers are those actions or interventions necessary to achieve the primary drivers. Our primary drivers are in four main categories: 1) accelerate payment reform across payers; 2) transform the way care is delivered; 3) empower consumers; and 4) create a population health plan and model that overlays alternative payment models with a community approach to health. Accountability targets were also presented, including that by 2020 88% of the insured population in Connecticut is in a value based payment model across all payers, and 84% of the insured population has a Value Based Insurance Design plan. The work of the HIT Advisory Council, and their work around the HIE is in sync with the aims and drivers of SIM, and an HIE is an area that CMMI focuses on with SIM states. It was put for consideration how can SIM investments in Health IT enable Connecticut to meet SIM aims of healthier people, better care, smarter spending, and health equity; and support SIM state-wide primary drivers of promoting payment reform, transforming the way healthcare is delivered, empowering consumers, and advanced population health planning. Some HIT gaps that were identified through the SIM planning process were presented. The presentation is available [here]().		
8.	**Wrap up and Next Steps**	**Victoria Veltri**	**10 min.**
	Comments: Miriam Delphin-Rittmon commented that this is a wonderful opportunity to identify and address disparities long-term. By having data systems that can be linked across agencies will provide opportunities how disparities in one system are impacted by disparities in other systems, or even how cost-saving measures or innovation can impact disparities in one or in multiple systems. This will help the state better handle data. Patrick Charmel advocated to have stakeholder engagement happen sooner than later since there is a lot of investments occurring in the private sector around HIT and HIE solutions. It doesn't make sense for duplication with the limited resources.		

Meeting Adjourned:
Meeting was adjourned by Alan Kay and Mark Raymond at 1:55pm.

Action Items	Responsible Party	Follow Up Date
SIM HIT Council report	Faina Dookh	July 21, 2016
Summary of HIE Presentations	Sarju Shah	July 21, 2016