Health Information Technology Advisory Council
Meeting Notes

Meeting Date	Meeting Time	Location
February 16, 2017	1:00 – 3:00 p.m.	Legislative Office Building, Hearing Room 1D 300 Capitol Avenue, Hartford

Participant Name and Attendance

Council Members					
Victoria Veltri, (LGO)	X	James Wadleigh, AHCT	X	Jeannette DeJesús	
Joseph Quaranta (Co-Chair)	X	Mark Schaefer, SIM	X	Matthew Katz	X
Allan Hackney, HITO	X	Robert Darby, UCHC	X	Lisa Stump	X
Joe Stanford, DSS	X	Demian Fontanella, OHA	X	Jake Star	X
Michael Michaud, DMHAS	X	Kathleen DeMatteo	X	Patrick Charmel	X
Fernando Muñiz, DCF		David Fusco	X	Ken Yanagisawa, MD	X
Cheryl Cepelak, DOC		Nicolangelo Scibelli	X	Alan Kaye, MD	
Vanessa Kapral, DPH	X	Patricia Checko	X	Dina Berlyn	X
Jordan Scheff, DDS		Robert Tessier	X	Jennifer Macierowski	X
Mark Raymond, CIO	X	Robert Rioux	X	Prasad Srinivasan, MD	X
Supporting Leadership					
Sarju Shah, HIT PMO		Carol Robinson, CedarBridge	X	Melisa Balgley, CedarBridge	X
Faina Dookh, SIM PMO	X	Michael Matthews, CedarBridge	X		
To Be Appointed					
Health care consumer or a health care consumer advocate (Speaker of the House)					

Meeting Schedule 2017 Dates –Mar. 16; Apr. 20, May 18
Meeting Information is located at: http://portal.ct.gov/en/Office-of-the-Lt-Governor/Health-Care-IT-Advisory-Council

	Agenda	Responsible Person	Time Allotted
1.	**Welcome and Introductions**	**Joseph Quaranta**	**5 min.**
	Call to Order: The second regular meeting of the Health IT Advisory Council for 2017 was held on February 16th at the Legislative Office Building in Hartford, CT. The meeting convened at 1:05 p.m., Joseph Quaranta presiding.		
2.	**Public Comment**	**Attendees**	**5 min.**
	There was no public comment.		
3.	**Review and Approval of the January 19, 2017 Minutes**	**Council Members**	**5 min.**
	The motion was made by Demian Fontanella, and seconded by Patricia Checko to approve the minutes of the January 19, 2017 meeting. **Motion carried.**		
4.	**Review of Previous Action Items**	**Faina Dookh**	**5 min.**
	Faina Dookh reviewed the previous action items and noted that all items have been completed		

Action Items	Responsible Party	Follow-up Date
1. Revise & Circulate Guiding Principles (v.3)	CedarBridge	2/3/2017 – COMPLETE
2. Circulate eCQM Design Group Charter	Sarju Shah	2/3/2017 – COMPLETE

5.	**Updates**	**Faina Dookh**	**5 min.**
	Ms. Dookh provided the updates. There is one remaining council appointment for a consumer or consumer advocate representative.		

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6.	**Budget Overview**	**Faina Dookh**	**10 min.**
	Ms. Dookh provided a high level overview of the budget for health information technology. Ms. Veltri noted that the $3.8 million referenced for the Office of the Healthcare Advocate is for SIM expenses rather than OHA as a whole. Dr. Quaranta asked about the source of the funding. Ms. Veltri said it is funded by an assessment paid by all insurance carriers based on premium revenue. Dina Berlyn asked what UCONN used the funding for and how much they have spent. Ms. Dookh said their contract included funds for staff, travel, supplies, and a sub-contractor who drafted the operational plan. They have spent about $500,000. Jennifer Macierowski asked whether the funding for HIT under SIM was set in stone. Ms. Dookh said that it isn't but any changes will require approval from CMMI. Mark Schaefer noted that with these funds they need to be mindful of the clock as they have limited time to spend the funding. There are certain parameters that apply to the funds. They are trying to fast track work on some initiatives in order to begin making investments. Lisa Stump asked if they had a clear set of goals in mind before determining the right investments. She said she would want to see them tie investments to outcomes. Ms. Dookh said that for some funding sources, some of the funding is tied to specific aims. For example, SIM has goals tied to the Triple Aim. Allan Hackney said the primary objective is to find value.		
7.	**Council Procedures**	**Allan Hackney**	**10 min.**
	Mr. Hackney said he has tried to meet everyone on the committee. He wants to think about how to use the committee to its full advantage. He said he also wanted to understand whether there are missing voices. He noted the absence of representation from health insurers but he wondered if there are other voices that should be included. He is looking at a communication plan and is open to suggestions.		
8.	**Stakeholder Engagement Update**	**Michael Matthews**	**10 min.**
	Michael Matthews provided the update on stakeholder engagement. They have completed 32 interviews with 129 individuals and are scheduling 18 more interviews. Jake Star asked him to share his thoughts on getting from interviews to an RFP and asked whether the timeline was realistic. Mr. Matthews said it is an aggressive but realistic timeline. March will be a busy month as they synthesize the findings. There is a need to sync up work on stakeholder engagement and the eCQM Design Group. Mr. Hackney said that what is emerging are relative priorities of where to start and how that will layer into potential architecture. Then they can determine the game plan.		
9.	**eCQM Design Group Update**	**Carol Robinson**	**15 min.**
	Carol Robinson provided the update on the eCQM Design Group. They made a minor edit to the charter, which has been shared. The purpose of the edit is to demonstrate that while the scope of work is narrow right now, they need to make sure they are thinking ahead.		
10.	**Finalize Guiding Principles**	**Carol Robinson**	**10 min.**
	Ms. Robinson reviewed the latest draft of the guiding principles. She asked Mark Raymond to provide feedback on the input he submitted. He said he felt there was something missing around structure. They are at odds over what they are creating and how it should be run and who the beneficiaries are. He is heartened to see funding sustainability as something they are trying to consider. That needs to be identified early. He is supportive of how the rest of the principles are written but he thought they should consider three things more deeply: 1) any investments should have clearly defined benefits; 2) the cost of achieving those benefits should be borne by the beneficiaries; 3) investments should only be made when where is substantial agreement over how to fund them long term. Ms. Stump said that a few really cogent principles would be a more powerful tool than a list of 12 or 15. There are many that repeat similar themes. From principle #6, when they get to specific or use terms such as "plug and play" they risk oversimplifying things. She said as a healthcare community they are their own worst enemy as they choose how to define concepts. They need to define the key components they deem important. Simplifying the principles will go a long way. Matthew Katz agreed that they want to know who benefits and who pays for it but they do not want to delay		

	a better understanding of what is needed from an overall system perspective. That will be a difficult conversation and they don't want that discussion to hold up further work. Mr. Raymond said that if what they need is not placed in the context of who is paying for it, it will impact what they do. That uncertainty is what prevents them from moving forward. Not having that clarify prevents them from coming to agreements. Patricia Checko said she received comments from consumers who are concerned about the first principle. In this version they talk about accepting HIPAA standards without consumer consent or knowledge. They have discussed who owns the data. Dr. Checko noted that under HIPAA consumers do not own the data. The consumers she spoke to do not agree with that particular piece. Ms. Stump said she believes the patient owns the data as a standard but whether they use a "consent in" or "opt out" model is a decision that has not been made yet. The term "patient centered" gets closer to that standard. Dr. Checko recommended not referencing HIPAA. Dr. Quaranta asked what about the HIPAA framework is concerning. Dr. Checko said that adopting HIPAA guidelines takes consent away from patients. Dr. Quaranta noted that HIPAA is an "opt out" model and asked whether that was an issue or whether it was the components that are allowed to be shared under HIPAA. Dr. Checko said it was the latter. Ms. Berlyn said she hoped principle #1 would be stronger as it is supposed to be patient controlled. The patient still needs to be the one who give the consent. She wished the principle were more clearly stated. Ken Yanagisawa said they should have a clarifier of healthcare related business. They will need buy-in from providers in order for the solution to work. They need affordability for providers to get them to buy in. That is a potential big barrier. Ms. Robinson said she would work with Mr. Hackney to think this through. They are trying to get a shared understanding that health information exchange is happening all the time. Investments are being made that will share data in different ways. There is a shift and that shift was really to try to reflect that reality. They will be bringing the principles back to the Council. Patrick Charmel noted that the principles don't speak to whether it is optional or mandatory. He asked whether they should speak to that. Mr. Hackney said he doesn't have a view on that yet. It is a matter of value and affordability. Ms. Macierowski said that depending on what function you are talking about, the question of who benefits could vary. Each should have a return on investment determined in order to move forward.		
11.	**APCD Discussion**	**James Wadleigh**	**35 min.**
	Tamim Ahmed led the discussion on the All Payer Claims Database (APCD). Ms. Berlyn asked whether pharmacy claims include cost as well as reimbursement amount. Dr. Ahmed said there is no way to parse the reimbursement amount at a line item level. Dr. Quaranta asked if they were creating unique patient identifiers. Dr. Ahmed said yes and that they can track patients across carriers and providers. The payers are sending fully identifiable data. Robert Tessier noted that he sits on the APCD Advisory Group. He said that pharmacy benefit managers have that data and they submit it to manufacturers for payment. He asked whether, if that data were required, there was any reason they could not provide it. Dr. Ahmed said they can explore that. His understanding was that it cannot be attributed to the claim line level. Mr. Tessier said his organization contracts with pharmacy benefit managers and they make sure the plans get 100% of the rebates earned as a result of member utilization of those medications. Ms. Berlyn said that Senator Martin Looney has submitted a bill on price transparency and pharmaceuticals and they should discuss it further. They don't get payment per claim but per quarter. Ms. Macierowski said the data should be available on a web site the public can access. Dr. Ahmed said they do have a website and they are doing their best to market it. Ms. Macierowski asked how the data is presented. Dr. Ahmed said they can search across providers but not across payers. Ms. Berlyn said the idea is that a patient should be able to look at his/her health plan and see what the out of pocket costs are. Dr. Ahmed said they do not have the plan benefit information, as there are thousands of plans available. They		

	are able to put in their deductible and cost share. Patrick Charmel said that each payer contracts with the provider for a single set of rates regardless of plans. Dr. Quaranta said many payers publish their own data on the cost of episodes of care and market it to their members. He said it seemed difficult to believe they could not get that information when the data is out there. If the state is going to report the costs for different facilities, they should also report the process for plans. Ms. Berlyn asked whether people could see if Anthem had one contracted rate. Dr. Ahmed said that they could. Mr. Katz said that part of the problem was that the original language that passed talks about provider transparency but does not talk about payer transparency. They have to be careful and make sure that no one can be identified. They are trying to prevent the issuance of easily identifiable data. They may need additional legislation to address the concern. Ms. Macierowski said that SB-811 has a statutory mandate for price transparency. She asked what numbers people will get. Dr. Ahmed said they will get a median cost, an approximate idea of what a service with cost. When they parse the data, there are very few options due to HIPAA's suppression policy. Ms. Macierowski said she feared they could be misleading consumers. Ms. Berlyn asked how they can provide the allowed amount if people cannot look up the plan. Dr. Ahmed said they have that information for each patient but they do not profess to be fully accurate. David Fusco asked about the issue of carrier to carrier data. Dr. Ahmed said the numbers were not there. If they put a carrier filter half the population would be gone for commercial. Some hospital numbers were based on 11 cases which seemed unreliable. The have a robust set of numbers would be much more useful. Mr. Tessier said that in a lot of cases the contracted rate is very different. He said it seemed odd to him that a current hospital CEO and a former insurance carrier executive are shaking their heads at hearing this can't be done. He said he thought SB-811 mandated the APCD to publish by facility and payer. Dr. Ahmed said they will have to go back and think about the whole strategy. Demian Fontanella asked what they were planning for consumer support to help them understand the data. Dr. Ahmed said they plan to build explanations into the web site.		
12.	**Wrap Up and Next Steps**	**Faina Dookh**	**5 min.**
	The next eCQM Design Group meeting will take place in the next few weeks. The next Advisory Council meeting is scheduled for March 16. The meeting adjourned at 3:04 p.m.		

Action Items	**Responsible Party**	**Follow-up Date**
1. Revise Guiding Principles based on discussions	CedarBridge	4/20/2017
2. Review eCQM Design Group Charter	HIT Advisory Council	3/16/2017
3. Review eCQM Design Group Progress report	HIT Advisory Council	3/16/2017
4. Review SB-811 requirements for APCD	Tamim Ahmed	TBD
5. Review SB-445 impact on APCD	Dina Berlyn	TBD