Health Information Technology Advisory Council
Meeting Notes

Meeting Date	Meeting Time	Location
May 18, 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	
Allan Hackney, HITO	X	Mark Schaefer, SIM	X	Lisa Stump	X
Joseph Quaranta (Co-Chair)	X	Robert Darby, UCHC		Jake Star	X
Joe Stanford, DSS	X	Ted Doolittle, OHA	X	Patrick Charmel	X
Michael Michaud, DMHAS	X	Kathleen DeMatteo	X	Alan Kaye, MD	X
Cindy Butterfield, DCF	X	David Fusco	X	Dina Berlyn	
Cheryl Cepelak, DOC	X	Nicolangelo Scibelli	X	Jennifer Macierowski	
Vanessa Kapral, DPH	X	Patricia Checko	X	Prasad Srinivasan, MD	
Dennis Mitchell, DDS	X	Robert Tessier	X		
Mark Raymond, CIO	X	Robert Rioux	X		
Supporting Leadership					
Sarju Shah, HIT PMO	X	Carol Robinson, CedarBridge	X	Chris Robinson, CedarBridge	X
Faina Dookh, SIM PMO	X	Michael Matthews, CedarBridge	X		
To Be Appointed					
Representative of the Connecticut State Medical Society (President Pro Tempore of Senate)					
Health care consumer or a health care consumer advocate (Speaker of the House)					
Physician who provides services in a multispecialty group and who is not employed by a hospital (Majority Leader of House of Rep.)					
Speaker of the House of Representatives or designee					

Meeting Schedule 2017 Dates – June 15, Jul. 20, Aug. 17
Meeting Information is located at: http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council

	Agenda	**Responsible Person**
1.	**Welcome and Introductions**	**Joseph Quaranta**
	Call to Order: The fifth regular meeting of the Health IT Advisory Council for 2017 was held on May 18th at the Legislative Office Building in Hartford, CT. The meeting convened at 1:02 p.m.	
2.	**Public Comment**	**Attendees**
	There was no public comment.	
3.	**Review and Approval of the April 20, 2017 Minutes**	**Council Members**
	The motion was made by Mark Raymond and seconded by Alan Kaye to approve the minutes of the April 20, 2017 meeting. **Motion carried.**	
4.	**Updates**	**Sarju Shah**

Sarju Shah reviewed and provided updates on previous action items. She noted that they are on target with the action items.

- Review of Previous Action Items

Action Items	**Responsible Party**	**Follow-up Date**
1. Council input on eCQM Report and Recommendations	Council Members	COMPLETE
2. Council input on Stakeholder Engagement/Environmental Scan Summary of Findings and Calls to Action	Council Members	COMPLETE 05/16/2017
3. Correct March 16th Council minutes to accurately describe CSMS secure messaging capabilities	HIT PMO	COMPLETE
4. Revise & Circulate Guiding Principles (v.4)	CedarBridge	TBD
5. Review SB-811/PA 15-146 requirements for and SB-445 impact on APCD	HIT PMO	TBD

- Council Appointments

Ken Yanagisawa, MD, and Matthew Katz resigned as Council members. Ms. Shah thanked them for their time. There are currently vacancies for:

- a representative of the Connecticut State Medical Society;
- a health care consumer or consumer advocate;
- a physician who provides services in a multispecialty group and who is not employed by a hospital; and
- Speaker of the House of Representatives or designee.

5. Review and Accept the eCQM Design Group Recommendations — **Carol Robinson (CedarBridge)**

Carol Robinson provided an overview of the eCQM Design Group recommendations.

- A governing entity be established to address the following needs: (1) governance authorities; (2) compliance and auditing mechanisms; (3) accountability to and transparency with stakeholders; (4) bylaws and policies; (5) maintenance of a policy framework; (6) clear decision-making processes; (7) principles to guide prioritization of programs and processes; (8) well-defined roles of governance entity and operations; (9) sustainable business model; and (10) data governance.
- Operational requirements to be addressed: (1) hiring and retention of experienced staff; (2) interoperability with existing health IT infrastructure; (3) electronic consent management; (4) quality assurance and quality control programs; and (5) technical assistance and communication.
- The development of a statewide quality measurement system: (1) should focus on the Quadruple Aim of better health, better care, lower costs, and a positive healthcare workforce; (2) should keep the patient as the "north star" with a vision for a person-centered system; (3) should incorporate all types of quality-related, structured data; and ingest and create quality measures from different data sources; (4) should include the Design Group's Functional Requirements; (5) should interface with provider-specific reporting systems (such as behavioral health and long-term and post-acute care providers) to the extent possible; (6) should adopt specifications for aligned measures as they become available [through the efforts of CMS, America's Health Insurance Plans (AHIP), and other national initiatives]; (7) should maintain flexibility as quality measurement improves from measuring processes to measuring outcomes, including patient-reported outcomes; (8) should integrate with other components of Connecticut's health IT infrastructure, including the state's APCD; (9) should address transparency of costs and availability of public-facing data over time; and (10) should recognize the key challenges that will be faced as the system is implemented.

Dr. Kaye expressed concern that three years into the process, he did not see progress towards a "buy or build" decision. He added that it appeared as they were designing a system as though Connecticut was the first to do so and that approach would take a great deal of time. Allan Hackney noted that there is a long track record that preceded his tenure as Health Information Technology Officer. They had a priority to look at an eCQM solution and they used a fairly tight time frame to come up with the design. Regardless of how those design elements are implemented, they need to set priorities and they can move forward once there is approval from the Council. Dr. Kaye clarified that his comments were in reference to the environmental scan rather than the eCQM recommendations.

Nicolangelo Scibelli said hopefully they will still recommend going forward with an RFP. The longer the process takes, the more opportunities they will miss out on and client lives are at stake. Patricia Checko said they looked at the task as a need to move forward and get something on the plate that they can act on right away. The Design Group looked at eCQM as part of a much larger picture. Victoria Veltri clarified that when they talk about SIM needs, they are talking about statewide needs. Mark Schaefer added that CMMI view the use of the grant funds as applying to state needs. SIM funding will likely support any capabilities they put into place. David Fusco noted that the Design Group spent no time discussing whether there is a "buy versus build" solution. They looked at multiple data sources, whether those sources are from claims or from electronic health records. They are looking at a utility that will require a great deal of discussion for different stakeholders. They will need stakeholder buy in to create a common utility that can be used by all stakeholders. Ms. Robinson noted that the recommendations need to be anchored by governance and

policies. Mr. Hackney noted that, if approved, the proposed motion would signify that members agreed with the recommendations in general as being useful for him to begin the work to move the recommendations forward.

The motion was made by Allan Hackney and seconded by Patricia Checko to accept the recommendations of the eCQM Design Group. **The motion carried.**

6.	**Review and Accept the Stakeholder Engagement Summary of Findings and Priority Recommendations**	**Michael Matthews (CedarBridge)**

Michael Matthews reviewed the summary of findings and priority recommendations for the state. These are:

1. Connecticut must keep patients and consumers as a primary focus in all efforts to improve health IT or HIE, including addressing health equity and social determinants of health
2. Connecticut must leverage, not duplicate, existing interoperability initiatives; and provide technical assistance, education, and coordinated communication to all stakeholders using health IT and HIE services
3. Connecticut must implement core technology that complements and interoperates with systems currently in use by private sector organizations
4. Connecticut must establish "rules of the road" to provide an appropriate governance framework
5. Connecticut must support provider organizations and networks that have assumed accountability for quality and cost
6. Connecticut must ensure that basic mechanisms are in place for all stakeholders to securely communicate health information with others involved in a patient's care and treatment
7. Connecticut must implement workflow tools that will improve the efficiency and effectiveness of healthcare delivery
8. State agencies must charter and implement a Health IT Steering Committee, chaired by the HITO, staffed by the HIT PMO, and reporting to the legislative and executive branches
9. Connecticut should establish, or designate, a neutral trusted organization representing public and private interests to operate agreed to statewide health information exchange services.

Mr. Matthews noted that there were two technical corrections to the slide including (1) the CT Judicial Branch, and (2) corrections to be made regarding electronic lab reporting based on DPH comments. Mr. Matthews also noted that CedarBridge agrees to Dr. Kaye's earlier comments and that there is no intention to "reinvent the wheel" or "start from square one." There is still a necessity of operating within policy and framework.

Mark Raymond noted that the Environmental Scan was a critical activity to make sure everyone on board. This is a complex initiative with many moving parts and perspectives that need to be reconciled. The recommendations set a good direction and he looked forward to more detailed discussions. They need to take into consideration the robust needs of those around the table; they need a more in depth effort that will get them where they need to go. Mr. Matthews said that sustainability is critical for any initiative. In addition, Mr. Matthews mentioned that the issue of scarce resources often came up in discussions and that is an important cosideration. The value of their potential solutions will compete with everything else already on the desk. He added that there are a number of states that would like to trade places with Connecticut because they are dealing with legacy systems that are obsolete.

Jake Star expressed his support with the recommendations in the report and also requested a refresher on next steps. Mr. Matthews said that this part of the process was designed to answer the "Why" and the "What" represents the various mechanisms they will implement. What is next is the "How," as in how will they get there. He said it would be a terrible mistake to cut off discussion with those who were involved in this process. They are examining ways to continue to engage them. Mr. Hackney said his immediate next steps are to convene a small subset of the Council as a design group and work with that group on two specific items. The first is a set of use cases they might consider in terms of value and prioritization. They need to build on a value-based approach. The second is determining the real models that will serve the needs of the state. They need to move forward as rapidly as is prudently possible.

Lisa Stump said that second recommendation is the most critical on the list. She said she got the sense that nothing exists and they have to build something. The reality is there is a lot of exchange that is already happening. They need to inform, educate, and engage stakeholders about what exists and how to take advantage of that. Dr. Kaye said that was the crux of his concern. There are a lot of systems in place that are not used in a way that fosters interoperability. These systems were often purchased with individual needs in mind, keeping data in rather than building bridges to share it. From a provider standpoint, interoperability has not moved forward. He asked how much homage they pay to legacy systems. He cautioned that they be used appropriately while they build the needed bridges. Ms. Robinson noted that it is an "And/Both" rather than an "Either/Or" situation. She added that CT law is different from other states. It only mandates that there will be a system, not how the system will be used. The technology in place has not been used to its fullest capability. She said they need a governance model where those decisions can be made.

Patrick Charmel said that the legacy systems that organizations use could connect to an HIE if those organizations so chose. He said there is new legislation proposed that would require providers to connect to an HIE that does not yet exist. He asked whether the Council should take a position on that. Ms. Robinson said she has seen some interoperability models evolve in other states. For example in Arizona, the Medicaid director said the state will pay providers to participate in one year and penalize them if they don't the next year. Michigan pays hospitals to participate. In Nebraska, Blue Cross/Blue Shield pays a fee. Governance will have to look at whether they use "a carrot and a stick" or penalty approach. Mr. Hackney noted that SB-447 does mandate that providers have to connect. Ms. Stump questioned if the legislation means share the data rather than connect to a system. She would like to see that the council ensures that data is leveraged and shared, rather than wait for something perfect. Mr. Hackney said they will have to look at the bill. Mr. Matthews said that with all the mandates in the world, if they don't nail #7, it won't matter.

Dr. Schaefer said he endorsed the recommendations, particularly #2. Based on the breadth of information gathered in the environmental scan, a lot of states built systems based on use cases they can't afford to sustain or they center around a one-vendor solution that creates issues. Directionally, this is the right way to go. He said they could implement a layer of connectivity that addresses the gaps. The idea is to not overbuild early and instead follow a deliberative process.

Robert Tessier noted that, from the beginning, he felt out of place on the Council. He represents self-insured health plans and serves a dual role representing both payers and consumers. He said he had a difficult time following and understanding the discussions. But, he added, as a lay person, he felt they had made enormous progress in the past few months. He said the report gave him a better sense of what they are trying to do. He found the recommendations helpful and supported them. Mr. Matthews said that sometimes technical expertise can be a hindrance rather than a help as people can get bogged down in the "bytes and bits." Ms. Robinson said that the power the purchaser brings is incredibly important.

The motion was made by Patrick Charmel and seconded by Lisa Stump, to accept the Environmental Scan Recommendations. **The motion carried.**

7.	**Additional Design Groups**	**Sarju Shah**

- Immunization Registry Design Group Recommendations

Ms. Shah noted that a consistent themes that came out of the Environmental Scan was the ability for providers to communicate electronically with the Department of Public Health, particularly around immunizations. Allan Hackney in consultation with the Commissioner of the Department of Public Health plan to create a design group to provide recommendations to support the implementation of the Immunization Information System (IIS) as well ensure alignment with the current HIE planning. This is a time-limited activity similar to the eCQM Design Group.

Vanessa Kapral noted that DPH had engaged a vendor through GSA for Consilience Maven system. They have used this system for 10 years, over the course of which, many other states have begun using other systems. During a visit from the Centers for Disease Control (CDC), representatives encouraged the agency to look at other systems. DPH would like the council to consider the three or four vendors being used across the country. The agency has participated in demos with those vendors but they do not have budget

	figures or a clear indicator of a winner. Mr. Hackney said that during stakeholder engagement, issues around bidirectional exchange was a big issue across different communities. This is a current need that arose at DPH. The plan is to help DPH look in an expansive way as to what the ecosystem would need from an immunization system beyond the basic rules. They would be adding value to the system while fulfilling an existing need. Ms. Stump suggested including representation from the pharmacist community as that is an important voice. Ted Doolittle asked whether the limited vendors available would be an issue in terms of innovation. Ms. Kapral said they are looking at cost estimates and conversion issues. If they can demonstrate that is an issue, it may impact decision making. Ms. Robinson said the work being done by DPH will be helpful in informing the Design Group about what is out there. Determining a potential list of functions before selecting a vendor will be beneficial. Ms. Robinson also mentioned that they will be bring in subject matter experts from the American Immunization Registry Association (AIRA) as well.	
8.	**Wrap Up and Next Steps**	**Sarju Shah**
	Ms. Shah said they are continuing to work on stakeholder engagement and planning community forums to keep stakeholders informed the activities of the Council and the HITO. They will also begin to operationalize the recommendations accepted by the council.. The next meeting will take place on June 15th at 1 p.m. in LOB room 1D. The meeting adjourned at 2:32 p.m.	

Action Items	**Responsible Party**	**Follow-up Date**
1. Distribute 2015 Intel White Paper	Sarju Shah/CedarBridge	COMPLETE 06/02/2017
2. Distribute "*Moving Past the Interoperability Blame Game*" by Julia Adler Milstein, PhD	HIT PMO	COMPLETE 6/02/2017
3. DSS response to IAPD Summary of Comments	DSS/ Sandeep Kapoor	COMPLETE 6/12/2017
4. DSS demonstration to Council on Health IT initiatives	DSS	TBD