

Health Information Technology Advisory Council

Meeting Notes

Meeting Date	Meeting Time	Location
June 15, 2017	1:00 – 3:00 p.m.	Webinar

Participant Name and Attendance

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

Meeting Schedule 2017 Dates –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 sixth regular meeting of the Health IT Advisory Council for 2017 was held on June 15 th via webinar. The meeting convened at 1:00 p.m.	
2. Public Comment	Attendees
There was no public comment.	
3. Review and Approval of the May 18, 2017 Minutes	Council Members
The motion was made by Michael Michaud and seconded by Ted Doolittle to approve the minutes of the May 18, 2017 meeting. Motion carried.	
4. Updates	Sarju Shah
Sarju Shah reviewed and provided updates on previous action items.	
➤ Review of Previous Action Items	
Action Items	Responsible Party Follow-up Date
1. Distribute 2015 Intel White Paper	HIT PMO COMPLETE 6/2/2017
2. Distribute “Moving Past the Interoperability Blame Game” by Julia Adler Milstein, PhD	HIT PMO COMPLETE 6/2/2017
3. DSS response to IAPD Summary of Comments	DSS EPMO COMPLETE 6/12/2017
4. DSS HIT initiatives demonstration to Council	DSS TBD
➤ Council Appointments: Allan Hackney and Joseph Quaranta are reviewing potential candidates to fill vacancies. Additional information will be available in the near future.	
➤ Special Council Meeting regarding IAPD Submission: The recording of the webinar is available on the Council web site and the Department of Social Services has provided a response to comments which has also been posted to the Council site.	

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	<ul style="list-style-type: none"> ➤ Council members were sent a Doodle poll to confirm their availability for the July 20th and August 17th meetings. Sarju Shah asked members to complete the poll if they have not yet done so. 		
5.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Health IT Community Stakeholder Roundtables</td> <td style="width: 30%;">Sarju Shah</td> </tr> </table>	Health IT Community Stakeholder Roundtables	Sarju Shah
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	<p>The HIT PMO is scheduling a series of community roundtables to build on the momentum created by the previous stakeholder engagement discussions. There are three main objectives of the roundtables: report on the findings and action plans to stakeholders, gather feedback about these findings and plans, and discern how best to work together as a community. The meetings will be held the week of July 17. The roundtables will be held around the state in the morning and the evening to give people the opportunity to attend. Council members were encouraged to attend as well. Alan Kaye suggested that, rather than have a roundtable in Stamford, they have it in or near Bridgeport as it is the state’s largest city and Stamford may be inaccessible. Patricia Checko suggested Sacred Heart University in Fairfield as a potential location. Dina Berlyn suggested they find a location between Stamford and Bridgeport. Ms. Shah said they will look into options to make it more accessible for those in the southwest corner of the state.</p>		
6.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Review and Discuss the Immunization Project Charter</td> <td style="width: 30%;">Christina Coughlin/Sarju Shah</td> </tr> </table>	Review and Discuss the Immunization Project Charter	Christina Coughlin/Sarju Shah
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	<p>The Council reviewed the Design Group charter. An overview of the basic components of the IIS Design Group work plan was reviewed by the Council. It was also noted that the Design Group members will have level-setting of business and functional requirements, based on the current and future CDC Standards. The purpose of the design group were also reviewed:</p> <ul style="list-style-type: none"> ➤ Familiarize the members with the high level functional and business requirements of an IIS based on the current and anticipated CDC standards ➤ Identify any additional business needs for the IIS and prioritize those needs ➤ Define the high level business needs for how the IIS would become a sustainable, efficient, and shared statewide health-IT enabled solution ➤ Based on the business needs and stakeholders, create a high level timeline and action plan to be considered for the new IIS implementation <p>The following assumptions related to the Design Group were reviewed:</p> <ul style="list-style-type: none"> ➤ The current and future CDC functional standards and use cases should meet most stakeholder needs; ➤ At this point, CIRTIS is not able to meet some of the new CDC functional standards, particularly around vaccine tracking and interoperability, nor some identified stakeholder needs; ➤ There is the potential to build widespread support for a new IIS that can meet CDC functional standards, and therefore, stakeholder needs; ➤ In order to lay the groundwork to build support for one or more federal funding requests to provide adequate resources, the IIS needs to have a roadmap that integrates meeting priority stakeholder needs, including the ability for electronic reporting; and ➤ The IIS should be planned in a way that supports electronic reporting regardless of the status of the HIE entity. <p>The following Design Group Goals and Objectives were reviewed:</p> <ul style="list-style-type: none"> ➤ Review the high level functional requirements of an IIS, using existing and future CDC standards as a foundation to identify issues, risks, and gaps; ➤ Identify and prioritize any additional business needs that will be used to create new or enhance existing use cases and business requirements for the new IIS; ➤ Identify any additional stakeholders that are not already captured in the existing IIS business requirements; ➤ Create a high-level timeline and action plan to implement and provide IIS services; ➤ Identify value propositions of a health IT-enabled IIS solution for key stakeholders, including but not limited to DPH; ➤ Identify technical assistance framework for providers and DPH to successfully implement electronic reporting to the IIS; ➤ Consider financial sustainability models and define the financial gaps; and ➤ Provide recommendations that align with CDC standards, and meet the requirements of DPH, providers, and consumers. <p>It was noted that the Design Group will focus on value propositions for all key stakeholders, and will also be identifying a technical assistance framework, financial sustainability models, and recommendations that align with CDC standards.</p>		

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	<p>The Design Group milestones (slide 15) and membership (slide 16) were reviewed. The plan is to present a draft report and recommendations to the Council at its August 17th meeting.</p> <p>Dr. Checko praised the inclusion of consumers as major stakeholders, as well as the inclusion of a local health department representative in the Design Group. Ms. Berlyn asked if there was any idea as to when the system would be up and running. Christina Coughlin said that they were not able to say at this point.</p>	
7.	Review and Discuss the HIE Design Group	Michael Matthews
	<p>The Council reviewed the proposed charge for the HIE Use Case Design Group. The group would work between June 15th and September 15 and its charge is to:</p> <ul style="list-style-type: none"> ➤ Develop use cases that align with Council recommendations ➤ Establish value propositions and priorities ➤ Validate high-level functional requirements ➤ Provide thoughts on “buy vs. build” and “federated vs. central shared services” <p>It was noted that five of the nine recommendations from the environmental scan will be targeted by the HIE Use Case Design Group:</p> <ul style="list-style-type: none"> ➤ Interoperability; ➤ Implementing core technology that complements and interoperates with systems currently in use by private sector organizations; ➤ Supporting provider organizations and networks that have assumed accountability for quality and cost; ➤ Ensuring that basic mechanisms are in place so that all stakeholders involved in care can communicate; and ➤ Addressing workflow burdens for providers. <p>The Council reviewed potential shared service infrastructure components. Dr. Kaye noted he was unsure that the use cases listed matched what he saw in his specialty such as the transference of reports of care episodes such as lab or radiology results or notes from a hospital or emergency room. Michael Matthews noted that the list was not intended to be inclusive and they plan to have an exhaustive list that they would then prioritize into a more manageable list. Dr. Kaye said that the clinical information he mentioned was equal in magnitude to those listed, which, while are important, are ancillary. He said that sharing information with patients and other providers should be the focus of what they are doing. Mr. Matthews said they will look into prioritizing the various use cases.</p>	
8.	Wrap Up and Next Steps	Sarju Shah
	<p>Ms. Shah reviewed the proposed timeline of activities for the next few months with the Immunization Design Group, HIE Use Case Planning Design Group, eCQM RFP Planning Process, and HIE Entity Planning. She said that by September they will see a lot of movement forward. The next meetings are set for July 20th and August 17th. Ms. Shah reminded members to complete the Doodle poll. The webinar ended at 1:47 p.m.</p>	

Action Items	Responsible Party	Follow-up Date
1. Consider Bridgeport Round Table	HIT PMO	6/20/2017
2. Complete Doodle Poll re: Summer Council Meetings	HIT PMO	7/1/2017