Health Information Technology Advisory Council
Meeting Minutes

Meeting Date	Meeting Time	Location
August 17, 2017	1:00 – 2:00 p.m.	Webinar

Participant Name and Attendance

Council Members					
Allan Hackney, HITO	X	Robert Blundo, AHCT	X	Robert Rioux	
Joseph Quaranta (Co-Chair)		Mark Schaefer, SIM		Jeannette DeJesús	X
Roderick Bremby, DSS	X	Robert Darby, UCHC		Lisa Stump	
Michael Michaud, DMHAS		Ted Doolittle, OHA	X	Jake Star	
Cindy Butterfield, DCF	X	Kathleen DeMatteo	X	Patrick Charmel	X
Cheryl Cepelak, DOC	X	David Fusco	X	Alan Kaye, MD	X
Vanessa Kapral, DPH	X	Nicolangelo Scibelli	X	Dina Berlyn	X
Dennis Mitchell, DDS		Patricia Checko		Jennifer Macierowski	
Mark Raymond, CIO		Robert Tessier	X	Prasad Srinivasan, MD	
Supporting Leadership					
Victoria Veltri, (LGO)	X	Faina Dookh, SIM PMO	X	Christina Coughlin, CedarBridge	X
Sarju Shah, HIT PMO		Carol Robinson, CedarBridge	X	Michael Matthews, CedarBridge	X
Kelsey Lawlor, HIT PMO	X	Chris Robinson, 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 – September 21, October 19, November 16
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**	**Kelsey Lawlor**
	Call to Order: The eighth regular meeting of the Health IT Advisory Council for 2017 was held on July 20th 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 April 20, 2017 Minutes**	**Council Members**
	Quorum was not present to approve minutes from July 20, 2017.	
4.	**Updates**	**Kelsey Lawlor**

Kelsey Lawlor updated the Council on the upcoming September meeting; the meeting has been extended from two hours to three hours in order to accommodate the large amount of business that will be on the agenda. Kelsey also gave a brief update on the July Stakeholder Forums held by the HIT PMO. Major takeaways from the forums include follow-up engagement with Local Health directors, Federally Qualified Health Center (FQHC) Information Technology (IT) Directors, and the Emergency Medical Service (EMS) community. Key themes that emerged from the roundtables included: data, quality of data, access, sustainability, finances, patient care, and outcomes. Council members did not have any questions regarding the stakeholder forums.

5.	Review of the Immunization Design Group Recommendations	Christina Coughlin (CedarBridge)

Christina Coughlin, aided by the members of the IIS Design Group (Deirdre Gruber, MSN, FNP-BC, Dr. Martin A. Geertsma, and Dr. Hyung Paek) provided an overview of the IIS Design Group recommendations:

- o Implement priority use cases, including:
    - Ability for providers to bi-directionally send IIS data and be patient accessible;
    - Allow customization for school entities;
    - Allow vaccine forecasting for non-standard scheduling, chronic disease management, and high-risk patients; and
    - Support vaccine inventory tracking.
- o Leverage and align efforts with HIE services
    - The IIS must have broader infrastructure needs for CT. A close linkage between the IIS and HIE will eliminate the need for duplicative services such as identity management.
    - Data transformation efforts should be aligned to support quality assurance.
    - The IIS should be interoperable with other states and IIS jurisdictions.
    - A group should be formed to govern interoperability of open application program interfaces to bolster Fast Healthcare Interoperability Resources (FHIR) standards.
- o Maximize collaboration and planning across federal programs
    - Joint conversations between Connecticut agencies such as the Department of Public Health and Department of Social Services to support transparency with federal partners and foster alignment of IIS and HIE planning efforts in order to maximize federal funding efforts for Implementation Advanced Planning Documents (IAPDs).
- o Provide stakeholder engagement
    - Foster ongoing stakeholder engagement during IIS planning phase to gather feedback on features to meet customization needs. A user group of stakeholders should be established to facilitate outreach and education of the new IIS platform.
- o Provide necessary legislative updates
    - Establish a life-time registry that encompasses children and adults.

- Legislation regarding the implementation of the IIS would be done through a graduated approach with special consideration for providers with inadequate EHRs that may have to enter data manually.
- Legislation should be coordinated to identify issues between public health requirements and HIE needs for privacy and data access.

- o Opportunities for financial sustainability
  - Follow the consortium model when procuring for a new IIS with shared HIE services across stakeholders. The need to prioritize the HIE infrastructure to support population health analytics and reduce health disparities was emphasized to promote financial stability.
- o Need for technical assistance
  - Provide comprehensive technical assistance to EHR vendors when connecting to the IIS, whether is it offered through HIE services or not.
  - Optimal functioning solutions require detailed collaboration between IIS technical staff, EHR staff, and HIE staff to allow for higher levels of data sharing.
- o Need for ongoing education and training
  - Allocate enough resources to allow clinicians and staff to train under the new IIS to maximize its use. It was emphasized to allow the program staff to coordinate this effort and provide degrees of flexible training to meet the needs of various stakeholders.

The presentation was followed by the following questions from members of the Council.

Dr. Alan Kaye asked if EHRs already have the capability of storing immunization data and if the HIE could leverage this functionality. A member of the Immunization Design Group responded that EHRs do contain immunization data but there is a problem when a patient is immunized by different clinics with disparate EHRs and there is no functionality to reconcile.

He then asked if the IIS' functionality could be replaced by an HIE with the capability to search for immunization data within an EHR. A member of the Immunization Design Group responded that EHRs vary in terms of how their data is managed from product to product. There is no process for consistent data capture to be leveraged by the HIE to fulfill the need for individual practitioners. The greatest impediment for practitioners is the need to provide data in a registry. Sharing data with practitioners will lessen the burden on their staff and provide a single source of truth for immunizations.

Dr. Kaye asked how other HIEs handle immunizations, whether they are a separate module or offered as part of standard services. Christina Coughlin answered that several vendors align with functional specifications to connect with an HIE. DPH has looked at these vendors with the idea it will be a module or node on the HIE. The IIS will look to leverage HIE services for identity management and attribution, but the actual registry itself will be a module. The HIEs do not handle the registry themselves but act as a module.

He then stated that the implementation of an IIS before the prioritized use cases of an HIE are stipulated may be contrary to the correct sequence of events necessary for a successful HIE. Allan Hackney responded that the sequence of events to procure the IIS will begin with selection of a system that meets CDC requirements. This activity will take time in which will allow for the HIE Use Case Design Group to prioritize the HIE services needed to deliver the transformational and quality assurance aspects to delivering the IIS. Christina Coughlin added that the funding is already available from the CDC to start the procurement process for new enterprise platform, which is why these recommendations are being brought forward now. The IIS will be built on top of this new enterprise platform and intended to be interoperable between rest of planned HIE ecosystem.

Dr. Kaye asked to table the acceptance of the IIS recommendations until after the HIE Use Case Design Group discussion. There was no motion made to accept the IIS recommendations.

6.	HIE Use Case Design Group Update	Michael Matthews (CedarBridge)

Michael Matthews summarized the HIE Use Case Design Group activities - Through seven Design Group sessions, all use cases have been reviewed. During the following three sessions, members will apply prioritization methods to deliver recommendations for the next council meeting. It was emphasized that the three to five prioritized use cases will only be the first wave of impactful services to be delivered while other use cases are tabled, not eliminated. The prioritization criteria are as follows: Value for patients and consumers, value for other stakeholders (providers, community orgs, payers, employers, etc.), workflow impact, ease of implementation, integration/Maintenance/Technical Assistance, prerequisite services, scalability, and existing infrastructure and resources.

The process to finalizing the prioritized list of use cases was reviewed on slide 35. Mr. Matthews stated that the IIS and eCQM use cases preceded the planned three to five use cases the Design Group was tasked to prioritize. These use cases would be additional to the need of IIS and eCQM capabilities. It was stated that an extra Design Group session on September 6, 2017 was decided in order to discuss the HIE infrastructure necessary to support the use cases, including eCQM and IIS. Additionally, it was emphasized that the Design Group recommendations will include technical specification of the first three to five use cases to be implemented without devaluing the need of the remaining use case inventory.

Dr. Kaye asked if the current work streams for the IIS, eCQM, and HIE use cases are in accordance to the laws passed with concrete goals and aims to provide overall prioritization of HIE services. He also stated that the IIS recommendations should have been provided following the HIE Use Case Design Group recommendations in order to consider the importance of IIS within the inventory mix. He emphasized the importance of an overarching longitudinal health record. Mr. Hackney responded that he feels that all actions taken by the Council and his office have aligned with governing legislation. Additionally, he explained that the current platform that DPH is using for immunization data management has been deemed inadequate by the CDC. There is no choice but to update the system, and funding is already secured. The IIS Design Group was chartered to provide recommendations before the HIE Use Case Design Group. It was emphasized that the CDC report and gap analysis directed insufficiencies which accelerated the IIS use case. Dr. Kaye then

asked, what is the process once these recommendations are made, do we [the Council] weigh in on them?

- Mr. Hackney responded that yes, that is correct.

Carol Robinson added that during the stakeholder environmental scan conducted earlier this year, the issue of deficiencies within the IIS reporting system was noted as a high priority for participants.

Dina Berlyn asked if recommendations accepted by the Council are set in stone.

- Mr. Hackney responded that no, they are not. The recommendations represent broad functional requirements, and would undoubtedly be brought back in front of the Council at various stages of implementation.

Dr. Kaye asked if it would be possible to provide acceptance of the IIS recommendations after the next council meeting in September in order to factor all use case recommendations holistically.

- Mr. Hackney responded that the need for approval of the recommendations is due to a need for increased specificity as the Health Information Technology Program Management Office continues to build out funding requests. However, postponing the approval by one month will not derail this process.
- Bob Tessier asked Allan Hackney if he could speak to Alan Kaye's concerns regarding whether or not approving the IIS recommendations today would predetermine the decisions made next month. Mr. Tessier noted that he was ready to approve the IIS recommendations today as the reported concerns of the current DPH platform supersede the need for prioritizing the IIS use case among the rest of the HIE Use Case Design Group inventory.
- Mr. Hackney responded that during the development of the sequencing of the use cases, work related to IIS and eCQMs was already assuming those items would be completed due to data collected from earlier work of the Council. Michael Matthews confirmed.
- Dr. Kaye clarified that they are being asked not to determine the IIS use case as a priority, but to approve the method in which the Council will move forward to align the IIS with CDC specifications. Allan Hackney confirmed.
- Dr. Kaye asked what priority number/rank was given to IIS and eCQM
- Mr. Matthews responded that they hadn't specifically delineated a ranking for the IIS and eCQM use cases due to the previous import given them by the Advisory Council, however, you could effectively think of them as #1 and #2.

7.	**Wrap Up and Next Steps**	**Allan Hackney**

Mr. Hackney noted that the meeting had ran past the allotted time and there was no longer a quorum to make a motion for the IIS recommendations, thus the motion will be tabled until the September meeting. It was stated that the IIS and eCQM use cases will now be included in the prioritization process of the HIE Use Case Design Group to be presented during the September council meeting. Members were reminded that the September meeting will take place from 1-4pm on September 21, 2017 in Hearing Room 1D of the Legislative Office Building. The motion to adjourn was approved.

Key Deliverables/Action Items		
Action Item	**Responsible Party**	**Date Due**
HIE Use Case Design Group recommendations.	CedarBridge	9/21/17
Motion of acceptance for IIS recommendation.	ALL	9/21/17
Motion of acceptance for July council meeting minutes	ALL	9/21/17