Health IT Advisory Council

August 17, 2017

Agenda

Welcome and Introductions	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – 7/20/17	1:07 pm
Updates • September Council Meeting Update • Stakeholder Roundtable updates	1:10 pm
Review and Accept Recommendations Immunization Design Group	1:15 pm
HIE Use Case Design Group Update	1:40 pm
Wrap-up and Next Steps	1:55 pm

Public Comment

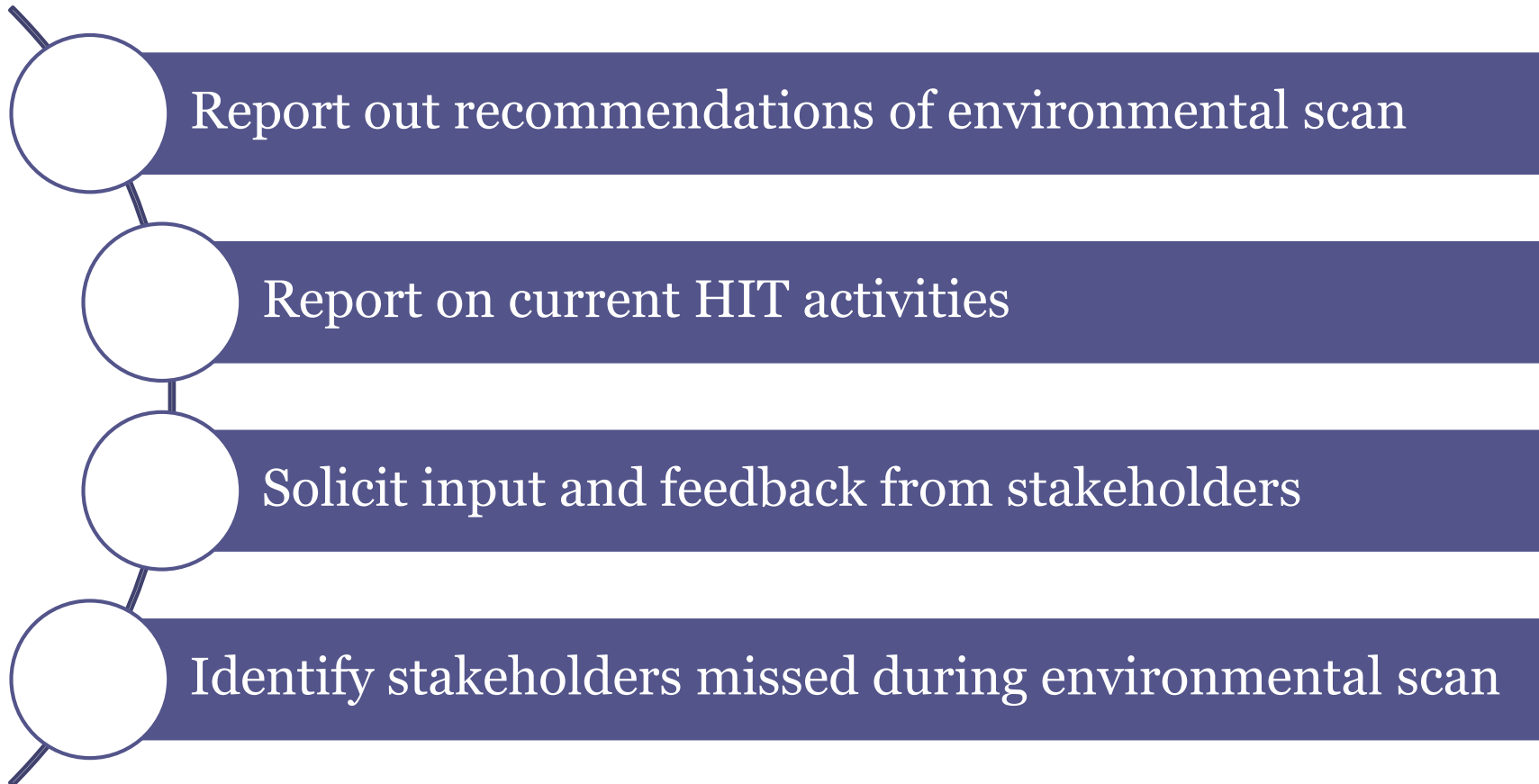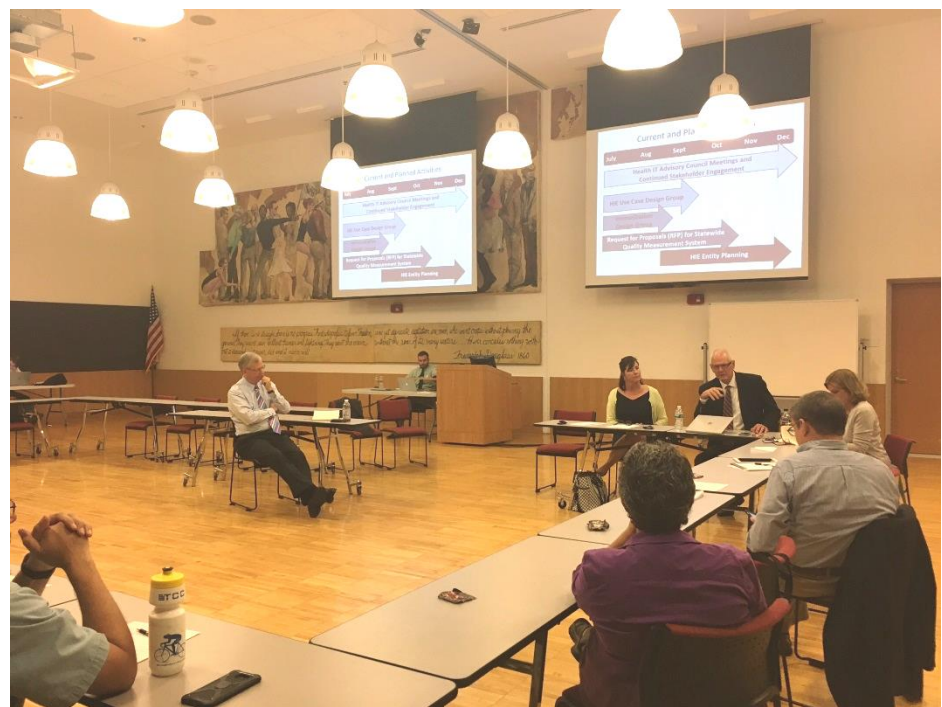# Review and Approval of July 20, 2017 Minutes

September Council Meeting

Stakeholder Forums Update

Goals of Round Table discussions:

- Report out recommendations of environmental scan

- Report on current HIT activities

- Solicit input and feedback from stakeholders

- Identify stakeholders missed during environmental scan

Takeaways

Overarching Themes and Stakeholder Priorities

New stakeholder connections

- Local Health Directors

- FQHC IT Directors

- Emergency Medical Services community

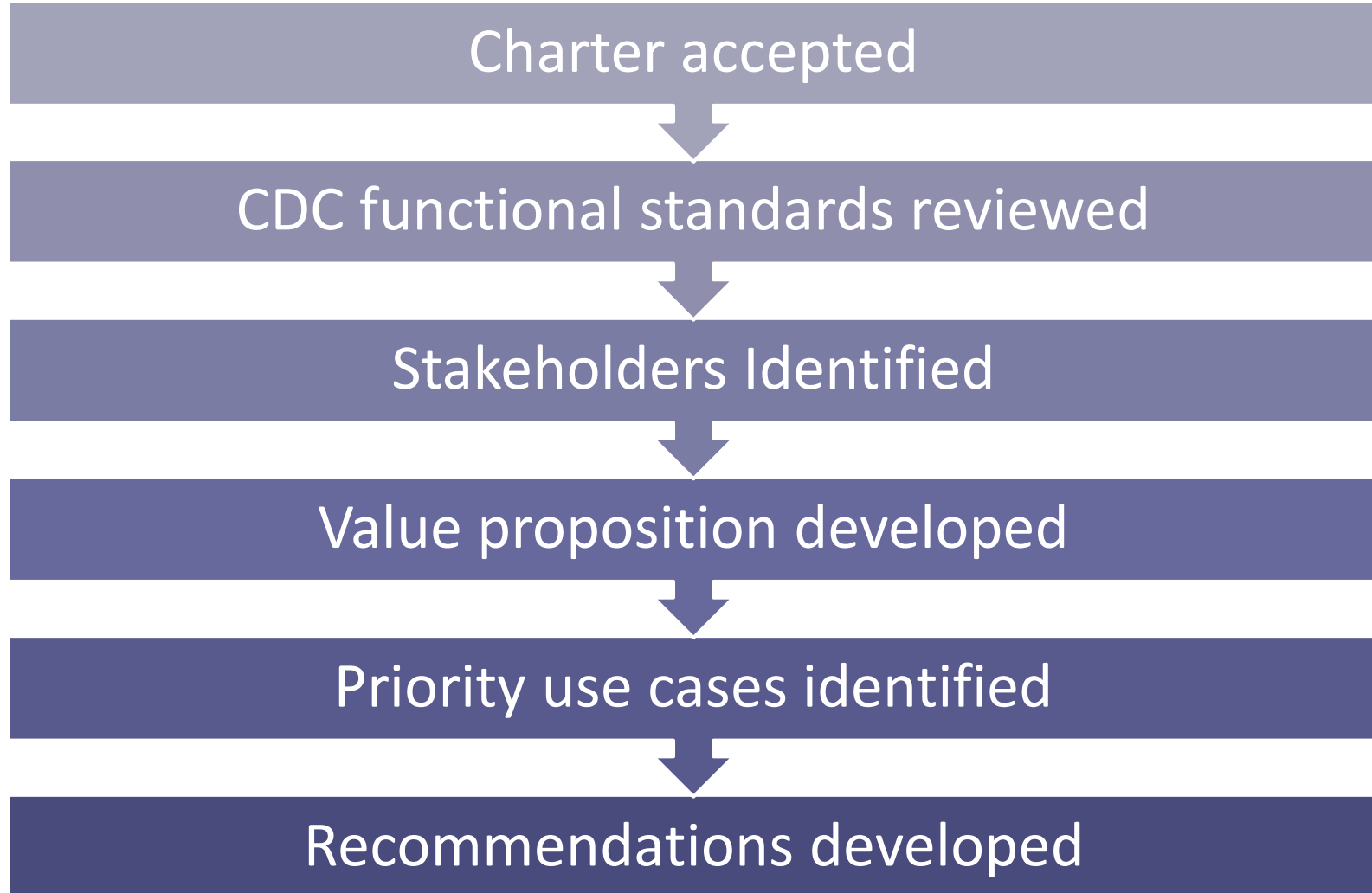# Immunization Information Systems (IIS) Design Group Recommendations

IIS Design Group Members

Name/Role	Stakeholder Representation
Thomas Agresta, MD, MBI	Healthcare provider at a primary care setting and at UConn Health; designee for the Health IT Advisory Council
Martin A. Geertsma, MD	Pediatrician providing services at a Federally Qualified Health Center with direct patient care responsibility
Deirdre Gruber, MSN, FNP-BC	School Nurse Supervisor at a large Local Health Department that manages the delivery of immunizations, and promotes a healthy school environment by monitoring immunizations ensuring appropriate exclusion for infectious illnesses, and reporting communicable disease as required by law
Hyung Paek, MD	Medical Director of Information Technology of a health system and healthcare provider in a Federally Qualified Health Center with direct patient care responsibilities

Timeline

Milestones/Deliverables	Dates
Session 1: Kick-Off Meeting – validate charter, roles and responsibilities, and timeline of IIS Design Group; receive update on current status of IIS system; identify value propositions	7/7/17
Session 2: Discuss value propositions, high level review of CDC IIS functional standards and overall services; begin to identify issues, obstacles, gaps	7/13/17
Session 3: Determine stakeholder needs and prioritization, identify additional stakeholders and their roles; review high level implementation roadmap	7/20/17
Present update to Health IT Advisory Council	7/20/17
Session 4: Continue to review role of HIE services in supporting IIS interoperability and considerations for financial sustainability models	7/27/17
Session 5: Identify priorities and draft recommendations	8/4/17
Present Report and Recommendations to Health IT Advisory Council	**8/17/17**

IIS Design Group Milestones Achieved

Charter accepted

⬇

CDC functional standards reviewed

⬇

Stakeholders Identified

⬇

Value proposition developed

⬇

Priority use cases identified

⬇

Recommendations developed

IIS Design Group Recommendations

1. Implement priority use cases

2. Leverage and align efforts with HIE services

3. Maximize collaboration and planning across federal programs

4. Provide ongoing stakeholder engagement

5. Propose necessary legislative updates

6. Opportunities for financial sustainability

7. Need for technical assistance

8. Need for ongoing education and training

Recommendation #1: Implement Priority Use Cases

Priority Use Cases
1. Providers' ability to send electronic immunization information to a statewide, lifetime (birth to adult) IIS
2. Providers' ability to electronically query and retrieve information from a statewide, lifetime IIS (real-time)
3. IIS customized with Connecticut-specific forms for schools and preschools

4. Vaccine forecasting including
   • Catch-up and other non-standard schedule needs
   • Manage for chronic diseases and support targeted outreach
   • High risk patients who should not receive immunizations

5. Vaccine inventory tracking

Recommendation #2: Leverage and Align Efforts with HIE Services

HIE Services
• Identity management (patient, provider, and organization matching)
• Transport options (short and long-term) to connect to provider organizations (SOAP, HTTPS, SFTP, API, etc.)
• Data transformation to support data quality assurance and normalization
• Interoperability with other systems (e.g. surveillance) and IIS from other states and jurisdictions
• Patient attribution to PCP/medical home
• SMART on FHIR Apps, utilizing open APIs, for providers and consumers

Recommendation #2: Leverage and Align Efforts with HIE Services (continued)

Other Activities
• Establish joint planning committee (HITO, DPH, and other relevant stakeholders) to ensure alignment before deployment
• Goal to expedite the deployment of IIS Phase 2 (bi-directional connections with EHRs) supported by the HIE services
• Carefully consider how alignment with the HIE services can support financial sustainability, including coordination, planning, and identification of potential shared costs

Recommendation #3: Maximize Collaboration and Planning Across Federal Programs

Activities
• Joint conversations to ensure collaboration between Connecticut agencies including DPH, DSS, the HITO, and others with federal partners including CDC, ONC, and CMS
• Support transparency with federal partners around Connecticut's health IT planning, including alignment of the IIS and the HIE services planning effort
• Especially relevant for IAPD update (federal funding opportunities)

Recommendation #4: Provide Ongoing Stakeholder Engagement

Activities
• During planning and implementation, utilize an Agile development structure to engage stakeholders with rapid sprint cycles to gather feedback on features and customization needs
• Establish ongoing user group comprised of a wide-range of stakeholders to facilitate outreach, education, and training once the IIS is in production

Recommendation #5: Provide Necessary Legislative Updates

Proposed Legislative Updates & Activities
• Establish a lifetime registry (birth through adult)
• Promote a graduated approach so electronic exchange can begin without delay, but without penalties if the capability is not in place
• Careful consideration to the timing of requiring manual entry to the IIS for providers not connected electronically
• Coordinate legislative updates with the Legislative Representatives on the Health IT Advisory Council
• Review of legislation to identify any other issues between public health requirements and HIE activities needing updates, including privacy, data access, etc.

Recommendation #6: Opportunities for Financial Sustainability

Activities
• Consortium model will help with shared resources across states and other jurisdictions
• Shared HIE services across multiple use cases and stakeholders
• State needs to prioritize and support infrastructure
• State should invest resources in analytics of the data that will be available through the IIS and other systems, with a goal of reducing health disparities.

Recommendation #7: Need for Technical Assistance

Activities
• Comprehensive technical assistance should be offered to providers to support the work needed by EHR vendors to connect to the IIS, whether or not it is provided through HIE shared services
• Should be top priority in the planning and coordination discussions as data transport options are investigated
• Ensure necessary resources are included in any funding requests through the IAPD process

Recommendation #8: Need for Ongoing Education and Training

Activities
• Adequate resources should be allocated
• Critical to successful deployment of new IIS
• IIS program staff should determine most efficient ways to structure this effort
• Needs to include initial, and ongoing, training opportunities for stakeholders administering immunizations or accessing the IIS, perhaps stratified by need or stakeholder type
• Concerns about whether the IIS is meeting the needs of all stakeholders will continue without ongoing touchpoints

Council Discussion

Acceptance of IIS Design Group Recommendations

HIE Use Case Design Group Update

Proposed Timeline

Milestones/Deliverables	Dates
Session 1: Kick-Off Meeting	6/27/17
Session 2: Review Use Cases (Part 1)	7/12/17
Session 3: Review Use Cases (Part 2)	7/19/17
Present update to Health IT Advisory Council	7/20/17
Session 4: Review Use Cases (Part 3)	7/27/17
Session 5: Review Use Cases (Part 4)	8/2/17
Session 6: Review Use Cases (Part 5) and Prioritization Criteria for Use Cases	8/9/17
Session 7: Review Final Use Cases (Part 6); Apply Prioritization Criteria	8/16/17
Present Update to Health IT Advisory Council	**8/17/17**
Session 8: Select "Top 10" Use Cases; Discuss Final Prioritization Criteria	**8/23/17**
CedarBridge to Conduct Analysis of HIE services and Infrastructure Necessary to Support "Top 10" Use Cases; Research Financial, Business, Legal, and Policy Considerations of "Top 10"	**8/23/17 - 8/30/17**
Session 9: Validate Value Propositions, Implementation Priorities, and HIE Services Needed to Enable Priority Use Cases	**8/30/17**
Session 10: Draft Recommendations	**9/6/17**
Present Report and Recommendations to Council	**9/21/17**
Delivery of Final Report and Recommendations to HITO	**9/30/17**

Use Case Inventory

Use Case	Date Reviewed
1. Electronic Quality Measurement System (eCQMs)	7/12/17
2. Immunization Information System (IIS) - Submit	7/12/17
3. Immunization Information System (IIS) - Query	7/12/17
4. Advance Directives	7/12/17
5. Opioid Monitoring and Support Services	7/12/17
6. Wounded Warriors	7/12/17
7. Longitudinal health record	7/19/17
8. Emergency Department Super-Utilizers	7/19/17
9. Medication Reconciliation	7/19/17
10. Care Coordination: Referral Management	7/19/17
11. Care Coordination: Transitions of Care	7/19/17
12. Care Coordination: Clinical Encounter Alerts	7/19/17
13. Care Coordination: Care Plan Sharing	7/26/17

Use Case Inventory

Use Case	Date Reviewed
14. POLST / MOLST	7/26/17
15. Disability Determination	7/26/17
16. Life Insurance Underwriting	7/26/17
17. Image Exchange	7/26/17
18. Population Health Analytics	8/2/17
19. Public Health Reporting	8/2/17
20. Lab Results Delivery	8/2/17
21. Social Determinants of Health	8/2/17
22. Research / Clinical Trials	8/2/17
23. Patient Portal / Personal Health Record	8/2/17
24. ~~Patient Generated Data~~ (de-prioritized by the group)	8/2/17

Use Case Inventory

Use Case	Date Reviewed
25. Medical Orders / Order Management	8/9/17
26. ~~CHA Dose Registry~~ (de-prioritized by the group)	8/9/17
27. ~~Bundle Management~~ (de-prioritized by the group)	8/9/17
28. Emergency Medical Services	8/16/17
29. Lab Orders	8/16/17
30. Genomics	8/16/17
31. eConsult	8/16/17

The HIE Use Case Design Group is creating an iterative, curated use case library that will be of long-term value to health IT and HIE stakeholders in the state.

Initial Prioritization Criteria

Prioritization Criteria

1. **Value for Patients and Consumers**
   - Patient-centeredness; allows for patient preference, choice, and convenience
   - Improves care coordination across continuum
   - Enable entire care team to participate in a patient's care
   - Enable population health improvements
   - Improves patient safety

2. **Value for Other Stakeholders (providers, community orgs, payers, employers, etc.)**
   - Define ROI, financial return, and value proposition for each stakeholder
   - Alignment with organization goals and business requirements for stakeholders
   - Enable community organization and providers of social services

3. **Workflow Impact**
   - Enabling access to health records by individual providers
   - Defined impact to clinical staff's workflows (positive or negative)
   - Defined impact to administrative staff's workflows (positive or negative)
   - Accessibility and level of effort

Initial Prioritization Criteria

Prioritization Criteria

4. **Ease of Implementation**
   - Implementation readiness / use case maturity
   - Procurement process and speed of implementation (quick win)
   - Complexity of business processes
   - Training requirements
   - Timeline for realizing value proposition

5. **Integration, Maintenance, and Technical Assistance**
   - Define resource requirements necessary to support implementation and integration(s), including technical assistance and maintenance
   - Cross-walk to eCQM – Alignment with business/functional requirements

6. **Prerequisite Services**
   - Define services and infrastructure that is necessary to support use cases (basic care map, type of payload, type of transport, data sharing agreements, technical and security standards, etc.)
   - Assessment of prerequisite services for an HIE entity and partner organizations (HISP, ability to produce/send ADTs, etc.)

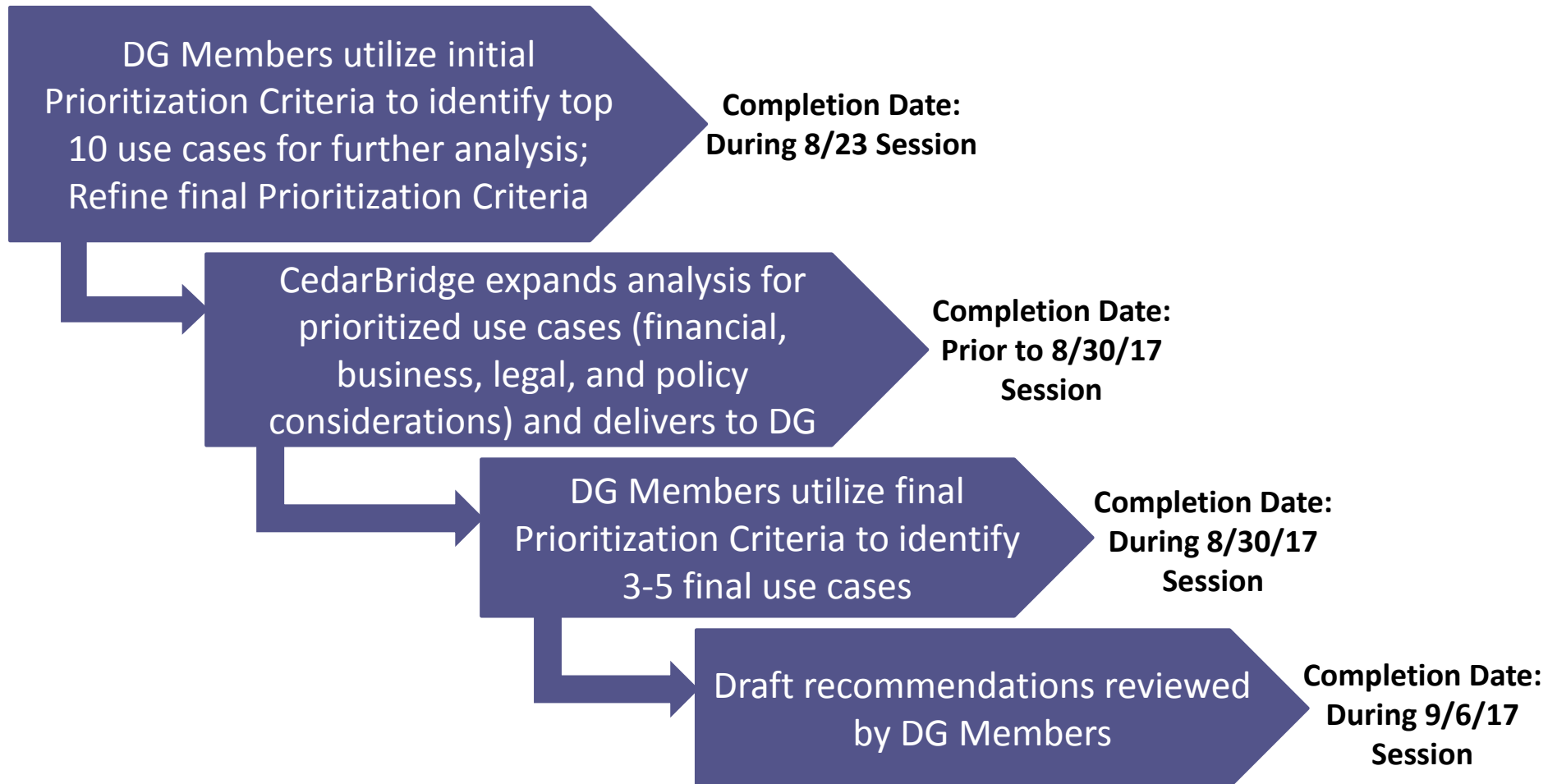# Initial Prioritization Criteria

Prioritization Criteria

7. **Scalability**
   - Stand-alone use case vs. cluster (e.g. care coordination and longitudinal health record)
   - Leverage HIE service as core component / infrastructure to support multiple use cases
   - Consider HIE Services that will support multiple use cases when implemented (economy of scale)

8. **Existing Infrastructure / Resources**
   - Does existing infrastructure meet the needs of stakeholders?
   - Governance of existing infrastructure / resources
   - Scalability of existing infrastructure / resources

Process for Finalizing Use Cases

DG Members utilize initial Prioritization Criteria to identify top 10 use cases for further analysis; Refine final Prioritization Criteria

Completion Date: During 8/23 Session

CedarBridge expands analysis for prioritized use cases (financial, business, legal, and policy considerations) and delivers to DG

Completion Date: Prior to 8/30/17 Session

DG Members utilize final Prioritization Criteria to identify 3-5 final use cases

Completion Date: During 8/30/17 Session

Draft recommendations reviewed by DG Members

Completion Date: During 9/6/17 Session

HIE Use Case Design Group Milestones Achieved

✓ Use Case Library Reviewed

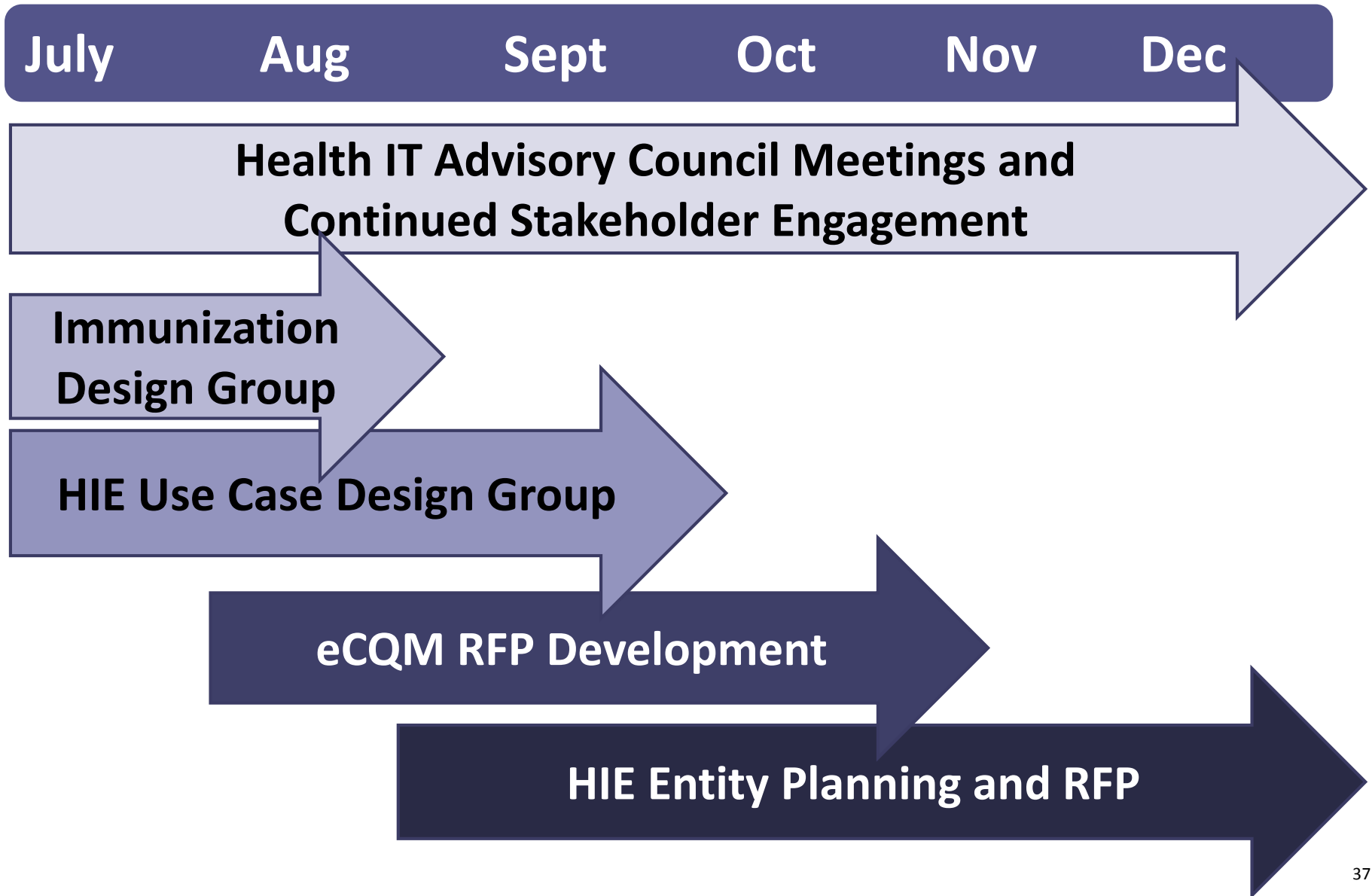✓ Initial Prioritization Criteria Developed

✓ Design Group In Process
of Applying Prioritization Criteria

Current and Planned Activities

July	Aug	Sept	Oct	Nov	Dec

Health IT Advisory Council Meetings and Continued Stakeholder Engagement

Immunization Design Group

HIE Use Case Design Group

eCQM RFP Development

HIE Entity Planning and RFP

Council Discussion

Wrap up and Next Steps

Next Health IT Advisory Council Meeting

- Thursday Sept. 21, 2017 | 1:00 pm – 4:00 pm

  (Meeting extended)

- Thursday Oct. 19, 2017 | 1:00 pm – 3:00 pm

Contact Information

- **Health Information Technology Office**
  - Allan Hackney, Allan.Hackney@ct.gov
  - Sarju Shah, Sarju.Shah@ct.gov
  - Kelsey Lawlor, Kelsey.Lawlor@ct.gov
  - General E-Mail, HITO@ct.gov

- **CedarBridge Group**
  - Carol Robinson, carol@cedarbridgegroup.com
  - Michael Matthews, michael@cedarbridgegroup.com

Health IT Advisory Council Website

http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council