

## Health Information Technology Advisory Council Meeting Minutes

Meeting Date	Meeting Time	Location
Feb. 15, 2018	1:00 pm – 2:00 pm	<b>WEBINAR</b>

Council Members					
Allan Hackney, HITO	X	James Wadleigh, AHCT		Jeannette DeJesus	X
Joseph Quaranta, (Co-Chair)	X	Mark Schaefer, SIM	X	Lisa Stump	X
Joe Stanford, DSS		Bruce Metz, UCHC CIO		Jake Star	X
Miriam Delphin-Rittmon, DMHAS		Ted Doolittle, OHA	X	Patrick Charmel	X
Cindy Butterfield, DCF		Kathleen DeMatteo		Alan Kaye, MD	X
Cheryl Cepelak, DOC		David Fusco	X	Dina Berlyn	X
Vanessa Hinton, DPH	X	Nicolangelo Scibelli	X	Jennifer Macierowski	X
Dennis C. Mitchell, DDS	X	Patricia Checko	X	Prasad Srinivasan, MD	
Mark Raymond, CIO	X	Robert Tessier	X	Tekisha Everette	X
Sandra Czunas, OSC	X	Robert Rioux	X	Patrick Troy, MD	
Supporting Leadership					
Victoria Veltri, OHS		Dino Puia, OHS	X	Dr. Tom Agresta, UConn Health	X
Jennifer Richmond, OHS	X	Kelsey Lawlor, OHS	X	Alan Fontes, UCONN AIMS	X
Open Appointments					
<i>Representative of the Connecticut State Medical Society (President Pro Tempore of Senate)</i>					
<i>Speaker of the House of Representatives or designee</i>					

Agenda			
	Topic	Responsible Party	Time
1.	<b>Welcome &amp; Call to Order</b>	<b>Allan Hackney</b>	<b>1:00 PM</b>
	Call to order: the first regular meeting of the Health IT Advisory Council for 2018 was held on February 15, 2018 via webinar. The meeting convened at 1:00 PM.		
2.	<b>Public Comment</b>	<b>Attendees</b>	<b>1:05 PM</b>
	There was no public comment.		
3.	<b>Review and Approval of the December 21, 2017 Minutes</b>	<b>Council Members</b>	<b>1:07 PM</b>
	The motion to approve the December 21, 2017 minutes was made by Mark Raymond, and seconded by Vanessa Hinton. The motion passed unanimously with Tekisha Everette abstaining.		
4.	<b>Updates – Council Membership</b>	<b>Kelsey Lawlor</b>	<b>1:10 PM</b>
	Kelsey Lawlor introduced new members Tekisha Everette, Ph.D. and Dr. Patrick Troy to the Council.		
5.	<b>SIM Award and Next Steps</b>	<b>Alan Fontes, UConn AIMS</b>	<b>1:15 PM</b>
	<p>Alan Fontes, Director of UConn Analytics and Information Management Solutions, gave an update on the State Innovation Model (SIM) Grant award and projected next steps.</p> <p>Alan explained that the Office of Health Strategy, formerly the SIM and HIT PMO's have been approved for the SIM Operational Plan and awarded \$15 million for Award Year 3 (AY3). Additionally, we expect to carry over approximately \$5 million from Award Year 2 (AY2). Of this, about \$1.8 million from the carryover funds and \$5.4 million of the AY3 funds have been appropriated for health IT activities (see presentation slide #7).</p> <p>Next, Alan went over a near-term project roadmap detailing pilot planning to be expanded into the broader analytic solution. The team has been reviewing software tools, particularly open-source and commercial off-the-shelf options. They have been working with vendors to negotiate some best-price quotes, and there are some vehicles that exist within the state that we could purchase software, or even services, though. They are looking to leverage the best procurement options available, and use Gartner partnership through UConn to make sure</p>		

# Health Information Technology Advisory Council

## Meeting Minutes

they are getting the best pricing. Also must create a release of funds to be submitted to CMMI. At the same time, software is only one part of this process and they are looking at how to best architect and implement the solution in a secure environment is critical. The state has a contract with Microsoft Azur which will allow for cloud services. Must align with HIPPA compliances and standards for the pilot. Even though the pilot will not be public-facing, we want to ensure that these compliances are still met. Going to create a security architecture that can then be deployed and implemented in the cloud environment; we can start looking at the core foundational tools that we want to bring in for the pilot. Once we get the architecture and build out the base cloud environment, we'll start loading up some of those tools where we'll go through extensive testing and vetting. The first pilot use case will be carried out in partnership with the Office of the State Comptroller, where we will bring in some of their data into the architecture and start some data processing and exploration, integrating eCQMs. Another key aspect of the roadmap is the development of a governance structure, which will be taken up by stakeholders and a Health IT Advisory Council Design Group. More information on the roadmap can be found on presentation slide #8.

Allan Hackney asked if Alan Fontes could set the Council's expectation as to when the basic infrastructure will be available to accept data and when we may see the first output of the OSC pilot. Alan answered that a base infrastructure could be up within six weeks. Once the infrastructure is up, it would only take a couple of days to load data into the environment. Once it is in the system, the data will have to be validated and attributed, etc. June or July timeframe could give us preliminary dashboard results.

Pat Checko asked for clarification on the Health Equity RFP that was mentioned. Alan answered that Allan Hackney received grant funding to look at health equity and social determinants of health data. The vendor will help the team locate the appropriate data sources to connect.

Mark Raymond asked if we are locking ourselves into any long-term costs that go beyond the grant. Could we get more clarity on what those costs would be? Alan answered that they are working to get that information through the vendor coming on as part of the earlier RFQ Sustainability work effort. Mark stressed that if we are committing to what could be a long-term expense, this remains a key issue.

Joe Quaranta asked if Alan could describe in more detail the data that they hope to receive from OSC. Alan answered that OSC has medical and Rx claims. Joe clarified that this would be post-adjudicated claims data. Alan is not sure if they receive denied claims or not. OSC also has some clinical data from Quest diagnostics. Joe asked how far along in the process are we? He cautioned that it will take significant time upfront to optimize the data sources. Alan answered that they are aware of this issue, and he and Sandra Czunans of OSC are already working on this. Joe asked if there is any opportunity to bring in more data that is real-time and more clinically-based. Alan answered that there is, yes. We want to be able to get more real-time data to add value to the dashboards. We want to start looking at other large organizations to incorporate. Allan Hackney stated that the project has received federal matching dollars to engage the larger ecosystem on eCQMs.

Lisa Stump wanted to be sure that we are taking in the existing infrastructure across the state of CT. Cautioned against replicating large stores of information that already exist within current operating systems. Alan answered that the CDAS would not be replicating everything that is out in the individual EHR systems, but instead pulling in data as-needed from the EHR and HIE. We will see from the pilot what data we will need to complete trending with historical data. Lisa asked for an offline technical conversation.

<b>6. Polypharmacy/Medication Reconciliation Projects</b>	<b>Dr. Tom Agresta, UConn Health</b>	<b>1:30 PM</b>
Dr. Tom Agresta of the UConn Health Center gave an update on Polypharmacy/Medication Reconciliation projects.		

## Health Information Technology Advisory Council Meeting Minutes

Medication Reconciliation was one of the top priorities for the HIE. We knew we needed to plan in the early stages how to incorporate this work. One of the tasks Tom has is to bring together chief clinical advisors from across the state to help plan and develop HIE services. CT CMIOs have pinpointed a major pain point for providers in Cancel Rx, when doctors assume that a canceled prescription in their EHR will result in the pharmacy ending the prescription. As it turns out, most clinicians are not aware that they are unable to send these electronic notifications, and most pharmacies are unable to receive these electronic notifications, which creates a major patient safety risk. There is a gap between what providers think is happening, and what is actually occurring. Another issue that arose out of these conversations was the prevalence of polypharmacy, or patients taking more than five different medications, which is risky for the patient's safety. As a result, this issue prompted a proposed solution to utilize the Prescription Drug Monitoring Program database, which today collects prescription drug data for all Class II thru Class V prescriptions. Through this, providers can monitor prescriptions. A presentation was made on this subject to the Legislature in late January 2018.

All of these activities align with the goal of medication reconciliation, and cancel Rx and polypharmacy are two early guides in that overarching process.

At the Informational Hearing on Polypharmacy to the Public Health and General Law Committees on January 22, 2018, the key points were as follows, as presented by Dr. Agresta, Allan Hackney, and Dr. Amy Justice of Yale:

1. Medication Reconciliation is a Wave 2 Prioritized Use Case chosen by the Health Information Exchange Use Case Design Group
2. Potential solutions need more research and real-life beta testing
3. Cancel Rx is a perfect starting point and could be a "quick-win" for the State of CT HIE
4. There are funding opportunities open for this kind of work

Dr. Agresta stated that while it is hard to predict what will come out of the legislative process, there appear to be several bills pending, and he and others are monitoring the process. He then went on to explain the various complexities that go into prescription processing (see presentation slide #14).

Dr. Agresta explained that other states have shown us that HIEs that have medication reconciliation functions do actually improve quality of care (see slide #15). He also stated that we must be careful as to how we implement these functional priorities.

Dr. Agresta stated that the heightened conversation around Medication Reconciliation, polypharmacy, Cancel Rx, etc. has led to the creation of a small work group of clinicians/pharmacists/subject matter experts from across the state on the subject. They aim to create a Root Cause Analysis, identify barriers to implementation, and assess national and state trends. This work group is could also serve as a model on how to engage end-users of the State HIE in future problem solving.

Dr. Agresta then briefly described the current related work streams (see slide #17).

Jake Star stated that he is concerned that long-term/post-acute care providers and stakeholders are being left out of this process. Dr. Agresta stated that he couldn't agree more, and that these are just the beginning stages. He would strongly encourage a long-term/post-acute stakeholder be included. He would love to have Jake's engagement, or someone he recommends.

Lisa Stump asked for clarification as to what role the HIE would play or the Council would play in this process. Dr. Agresta answered that he foresees recommendations from the work group to come back to the Council to

## Health Information Technology Advisory Council Meeting Minutes

	review. Allan Hackney added that he expects that there will be legislation passed directing him as the HITO to establish a working group under the Health IT Advisory Council to explore these issues.	
<b>7.</b>	<b>Funding and Contracting Updates</b>	<b>Allan Hackney</b> <span style="float: right;"><b>1:45 PM</b></span>
	<p>Allan Hackney reminded the Council that they had approved the IAPD-U funding request to be submitted to CMS for approval. On December 29<sup>th</sup>, the HIT PMO submitted that request to the Dept. of Social Services for their submission to CMS, as is required by the process. Since giving the request to DSS, the Commissioner has raised three concerns: the need to update the state Medicaid Health IT Plan, there is potential overlap in what the HIE plan and the DSS MMIS, and concerned over nomenclature use such as the term “shared services” which might conflict with other previously approved projects at DSS. The Agency has engaged a firm to review the IAPD-U and the HIT PMO is working with them to reconcile these issues. Allan is also in communication with the Commissioner. Allan wanted to bring this to the attention of the Council because his team had planned that some of the activities related to the HIE would run in parallel to the creation of the analytics tool described by Alan Fontes. However, we are now facing timing issues because we do not yet have the IAPD-U implementation dollars. Raising this as an overall Program Risk.</p> <p>Allan also shared that there are federal match dollars that have already been approved to fund consulting services for the Health IT office. Specifically, this will cover meeting facilitation, eCQM solution deployment, HIE deployment strategy, and sustainability strategy development. The office has done a state solicitation on this, and are currently working to wrap up the contracting process with winning bidders.</p> <p>Finally, Allan stated that the governance design group has been pushed back due to state procurement issues, and will be part of the aforementioned consulting services contract. However, Allan emphasized that the team has been doing extensive research and the design group will not be starting from scratch.</p>	
<b>8.</b>	<b>OHS Transition Update</b>	<b>Allan Hackney</b> <span style="float: right;"><b>1:50 PM</b></span>
	<p>Allan Hackney stated that the Office of Health Strategy came into existence on February 1, 2018 and is comprised of the SIM PMO, HIT PMO, the APCD, and the Office of Health Care Access. OHCA, however, requires some technical legislative changes before their full roll-in. Vicki Veltri was nominated to serve as the Executive Director, and the office is off and running. Nothing pertaining to Health IT activities have changed due to this office’s creation.</p>	
<b>9.</b>	<b>Wrap up and Meeting Adjournment</b>	<b>Allan Hackney</b> <span style="float: right;"><b>1:55 PM</b></span>
	Meeting was adjourned at 2:10pm.	

**Upcoming Meeting Schedule:** 2018 Dates –Mar. 15, April 19, May 17, June 21

**Meeting information is located at:** <http://portal.ct.gov/office-of-the-It-governor/health-it-advisory-council>