HIE Use Case Design Group Kickoff

A Design Group of the Connecticut Health IT Advisory Council

June 27, 2017 | 10:00 am – 11:30 am

Session 1

Facilitated by CedarBridge Group

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Agenda

Welcoming Remarks **Meeting Overview and Objectives**	Michael Matthews	10:00 AM
Introductions • *2-minute introductions of name, organization/title, summary of stakeholder perspective represented*	Design Group Members and Support Staff	10:10 AM
Charter • *Walk-through of Design Group draft charter* • *Request approval of charter by group*	Michael Matthews	10:35 AM
Discuss planning process • *Proposed meeting schedule and meeting topics* • *Support staff responsibilities* • *Member responsibilities* • *Proposed process to make decisions*	Michael Matthews	10:50 AM
Use Cases	Michael Matthews and Design Group Members	10:55 AM
Meeting Wrap-up and Next Steps	Michael Matthews	11:25 AM

Welcome

- Michael Matthews, Senior Engagement Director, CedarBridge Group

- Carol Robinson, Principal, CedarBridge Group

- Sarju Shah, Project Manager, HIT PMO

Meeting Objectives

- Introductions

- Approve Charter

- Establish meeting schedule

- Establish shared understandings of planning process

- Reach consensus on decision-making process

- Discuss Use Cases

HIE Use Case Design Group Members

Name	Stakeholder Representation
Stacy Beck	Payers
Patricia Checko, DrPH	Consumers
Kathy DeMatteo	Health system that includes more than one hospital
Gerard Muro, MD	Provider
Mark Raymond	State
Jake Star	Provider of home health care services
Lisa Stump, MS, RPh	Large hospital system

HIE Use Case Design Group Support

Name	Organization
Michael Matthews	Facilitator, CedarBridge Group
Carol Robinson	Principal, CedarBridge Group
Sarju Shah, MPH	Project Manager, CT Health IT PMO
Chris Robinson	Senior Analyst, CedarBridge Group
Wayne Houk	Project Manager, CedarBridge Group

Charter

Calls to Action:
Priority Recommendations for the State

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 the social determinants of health.

2. Connecticut must leverage existing interoperability initiatives, including existing or planned private investments and relationships with state-based HIEs and the national initiatives. ★

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.

Purpose of this Design Group

The purpose of this design group is:

- To develop **use cases** that align with Council recommendations

- To establish **value propositions** to prioritize the use cases

- To validate high-level **functional requirements** for prioritized use cases

- To provide **recommendations on "buy vs. build" and "federated vs. central"** shared infrastructural services

Project Goals and Objectives

- **Create as comprehensive a list as possible of HIE use cases** representing all stakeholders in the healthcare ecosystem in the state.

- Prioritize use cases by **creating value propositions** for each use case

- Review and **validate high-level functional requirements** for each of the prioritized use cases

- Identify pros, cons, and gaps related to **buy vs. build** models for shared infrastructural services

- Identify pros, cons, and gaps related to **federated vs. central** models for shared infrastructural services

Success Factors, Assumptions, Constraints

Success Factors

- Ability of stakeholders to commit to 90-minute, weekly meetings for nine sessions
- Appropriate stakeholder community representation by design group members
- Ability to work collaboratively to identify solutions that will support the needs of not only themselves, but other stakeholders

Assumptions

- Assumes HIE entity planning will take place outside of Design Group.
- Assumes appropriate vendor selection can be completed.
- Assumes technical requirements and financial models will take place outside of Design Group.

Constraint

- Meeting intensive timeline goals by the 9/21/17 report milestone given summer schedules

Planning Process

Proposed Timeline

Milestones/Deliverables	Planned Dates
Session 1: Kick-Off Meeting	6/27/17
Session 2: Review Use Cases (Part 1)	Week of 7/10/17
Session 3: Review Use Cases (Part 2)	Week of 7/17/17
Present update to Health IT Advisory Council	7/20/17
Session 4: Use Case prioritization	Week of 7/24/17
Session 5: Input from stakeholders with technical assets	Week of 7/31/17
Session 6: Review models and approaches	Week of 8/7/17
Session 7: Validate value propositions	Week of 8/14/17
Session 8: Review/validate high-level draft functional requirements	Week of 8/21/17
Session 9: Draft recommendations	Week of 8/28/17
Present Report and Recommendations to Health IT Advisory Council	9/21/17

Meeting Logistics

- Weekly Zoom virtual meetings - recurring until week of 8/28/17

  - Doodle poll to determine regular meeting times

- 90 minutes per session

- Presentation to Health IT Advisory Council 7/20/17 and 9/21/17

Design Group Member Responsibilities

- Represent each stakeholder group, not individual interests

- Engage others from each stakeholder group to gain commitment in support of recommendations

- Read recommended materials in advance and join each meeting prepared for discussion

- Remain cognizant that all meetings are public

Staff Support Responsibilities

- Provide access to website where all materials can be viewed and downloaded

- Summary of each meeting provided after meeting

- New reading/background materials to be made available prior to the next meeting

- Presentation setting stage for discussion will be available before meeting

- Crafting of final reports and recommendations for Design Group review and approval

Proposed Decision Making Process

- Strive for consensus

- Compromise when possible

- If no unanimity, recommendations should be made based on majority opinion

- Discussion of dissenting opinion to accompany all recommendations where consensus could not be reached
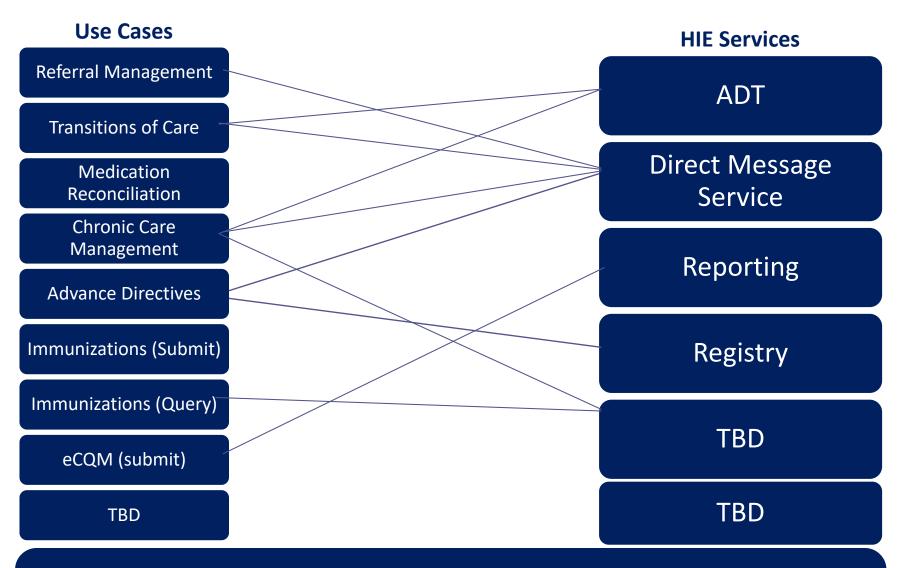
Use Case Definition

A use case is a **methodology** used in system analysis to **identify, clarify, and organize** system requirements. The use case is made up of a set of **possible sequences of interactions between systems and users** in a particular environment and related to a particular goal.

A use case can be thought of as a **collection of possible scenarios related to a particular goal**, indeed, the use case and goal are sometimes considered to be synonymous.

Use Cases

- Referral Management
- Transitions of Care
- Medication Reconciliation
- Chronic Care Management
- Advance Directives
- Immunizations (Submit)
- Immunizations (Query)
- eCQM (submit)
- TBD

HIE Services

- ADT
- Direct Message Service
- Reporting
- Registry
- TBD
- TBD

Shared Infrastructure Services

(e.g., Individual Common ID, Identity Conformance [Patient Matching], Health Directory, Attribution Service, Record Locator Service)

Next Steps

■ **As soon as possible**

  □ Fill out Doodle poll

■ **Week of July 3**

  □ Review use case list and brainstorm other use cases

Michael Matthews

Michael@cedarbridgegroup.com

Carol Robinson

Carol@cedarbridgegroup.com

www.cedarbridgegroup.com

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