Health Information Exchange (HIE) Use Case Design Group
Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
Aug 23, 2017	2:30 pm – 4:00 pm ET	**Webinar link:** https://zoom.us/j/216423119 **Telephone**: (646) 558-8656 OR (408) 638-0968 **Meeting ID:** 216 423 119

Design Group Members					
Stacy Beck	X	Gerard Muro, MD	X	Lisa Stump, MS, RPh	X
Patricia Checko, DrPH, MPH	X	Mark Raymond	X		
Kathy DeMatteo	X	Jake Star	X		
Design Group Support					
Michael Matthews, CedarBridge	X	Allan Hackney, HIT PMO	X	Mark Schaefer, SIM PMO	X
Carol Robinson, CedarBridge	X	Sarju Shah, HIT PMO		Faina Dookh, SIM PMO	X
Chris Robinson, CedarBridge	X	Kelsey Lawlor, HIT PMO		Kate Hayden, UCONN	X
Christina Coughlin, CedarBridge	X			Kate Steckowych, UCONN	X
Betsy Boyd Flynn, CedarBridge	X			Alan Fontes, UCONN SON	X
Greg Petrossian, CedarBridge	X			Arlene Murphy, Consumer Advisory Board	X
				Stacy Beck, Anthem	X

Minutes		
	Agenda Topic	**Notes**
1.	**Comments on 8/16/17 Minutes**	The meeting summary for 8/16/17 was approved.
2.	Review Meeting Schedule	The meeting schedule was reviewed. It was asked if the August Health IT Advisory Council Meeting had any relevant points to be covered. It was discussed that the Council Meeting focused primarily on the Immunization Information System (IIS) recommendations. Through this discussion, one council member was concerned about the prioritization process of both the IIS use case and Electronic Clinical Quality Measures (eCQM) use case. It was agreed to re-introduce the IIS and eCQM use cases to the prioritization process to affirm their priority. It was also discussed that the term prioritization implies that other use cases will not be considered in the future. It was proposed to either use the term sequencing or in successive waves such as primary, secondary, tertiary, etc. It was agreed not to use the term prioritization moving forward and to in place use sequential waves. It was indicated that the IIS recommendations will be revisited at the September Health IT Advisory Council meeting in addition to the first wave of use case recommendations.
3.	Review and Discuss Inclusion Criteria Responses	The criteria for scoring the use cases between the two assigned activities was reviewed. The Matrix (activity one) was based on a +/0/- scoring rubric, translated to +1/0/-1 respectively, to inform a score for each use case. A composite score was then compiled from all design group (DG) members for each use case from activity one. The Survey (activity two) allowed DG members to rank a top ten list which assigned an inverse relation of points for each ranking. A use case ranked number one would receive ten points whereas a use case ranked number 10 would receive one point. All other

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<tr><td></td><td></td><td>non-ranked use cases received zero points. A composite score was then compiled from all DG members for each use case from activity two.

The Design Group reviewed a slide presenting the combined composite score from both activities to inform a cumulative top ten ranking of use cases. Subsequent slides included the list of use cases that made the top ten within each activity. It was discussed that the maximum scoring for each activity was not weighted equally and should be reweighted. The maximum score that a use case could receive in activity one (Matrix) is 56 points, whereas the maximum score that a use case could receive in activity two (Survey) is 70 points. The Design Group agreed to re-weigh the two activities in order to achieve an equal balance. The process of inclusion criteria was then discussed. It was noted that the agreed process of “and” logic, where a use case must receive a “+” score for both Value to Patients and Value to Other Stakeholders, left only a few use cases as “passing.” It was suggested to amend this process to use “or” logic instead of “and”, thus if a use case scored positively for either Value to Patients or Value to Stakeholders, then the use case would remain included. All use cases passed once the “or” logic was implemented. It was noted that only use cases with a negative rating for both Value to Patients and Value to Other Stakeholders should be excluded, as a neutral score is not descriptive enough.</td></tr>
<tr><td>4.</td><td>Review Scoring Results
1. Overlap between Prioritization Matrix and Survey
2. Top 10 in Prioritization Matrix or Survey
3. Fall out</td><td>It was proposed that the Immunization Information System use case should be prioritized and move forward, as it was ranked #1 overall and #1 in both individual activities. The Design Group agreed to prioritize this use case and there were no objections.

It was proposed that the Longitudinal Health Record use case should be prioritized, as it scored #2 overall and was described as a foundational component for many of the other use cases. The Design Group agreed to prioritize this use case and there were no objections.

It was proposed that the eCQM use case should be prioritized, as it ranked #4 overall and it carried numerous other applicable benefits, such as its relation to Connecticut’s SIM program and the availability of funding. The Design Group agreed to prioritize this use case. It was also pointed out that this use case received support to move forward based on prior recommendations by the Health IT Advisory Council. One Design Group member stated that eCQM is less important to larger health systems, as there is already the need for them to start doing this internally to meet reporting requirements. They stated that this work will proceed whether it is done at the state level or not, and therefore the use case brought incremental value. One Design Group member refuted this position stating that a statewide eCQM system would provide standardization and would be a beneficial service for smaller providers. It was also added that the eCQM Design Group recommended pursuing a model that could incorporate data from many other sources to support data analytics and other valuable use cases. After this discussion, all Design Group members agreed to move the eCQM use case forward.</td></tr>
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		The Design Group members agreed that the IIS and eCQM use cases would be prioritized, and would not be included in further discussion related to sequencing waves or prioritizing. There were no objections and this motion was agreed. It was proposed that the eConsult use case be excluded as it is secondary to foundational use cases that must be implemented before the capability of eConsults can be realized. It was agreed to exclude eConsult from moving forward. Transitions of Care and Encounter Alerts were then discussed as having overlap. It was proposed that Encounter Alerts be consolidated with Transitions of Care, as Encounter Alerts is the initial functionality necessary to support Transitions of Care. The Design Group agreed to prioritize these two use cases as described above. It was discussed that Public Health Reporting is an area where the HIE can demonstrate value and improve health, and the Population Health Analytics use case could be layered in. These two use cases were motioned to move forward and it was agreed by the Design Group. The Lab Results Delivery use case was discussed. Members felt that this use case is being already moved forward by large commercial laboratories, such as LabCorp and Quest. These entities have connections to major EHRs in place consequently motioned to have this use case excluded. It was agreed by the Design Group to exclude the Lab Results Delivery use case. It was proposed to consolidate the Advance Directives use case with the POLST/MOLST use case in an attempt to streamline querying for these document types. It was agreed that these use cases should be discussed during the next meeting. Finally, it was discussed that the Patient Portal use case should be moved forward as it is central to the tenet of treating the patient as the "North Star" and is a foundational capability to be provided by an HIE. The Patient Portal use case was motioned to move forward and the Design Group agreed.
5.	Meeting Wrap-up and Next Steps	A summary of the meeting was provided. The IIS and eCQM use cases were agreed to be both included, affirming their priority and setting them as separate use cases from the top 10 list. The Design Group agreed to move several other use cases forward, including: Longitudinal Health Record, Population Health Analytics, Encounter Alerts (and Transitions of Care), Public Health Reporting, Advance Directives, POLST/MOLST, and Patient Portal. These seven use cases will be discussed next week for affirmation. In addition, other use cases that were not discussed will be addressed during next week's meeting. Once the top ten use cases are decided from the next meeting, CedarBridge will build out the business, finance, legal, and policy

		considerations for each use case to inform the Design Group's work to identify a final 3-5 use cases for the first recommended sequencing wave.

Action Item	Responsible Party	Due Date
Update the scoring methodology so that the Matrix activity and Survey activity are weighted equally	CedarBridge	8/30/17