

Health Information Technology Advisory Council Meeting Notes

Meeting Date	Meeting Time	Location
October 20, 2016	1:00 – 3:00 p.m.	Legislative Office Building, Hearing Room 1D 300 Capitol Avenue, Hartford

Participant Name and Attendance

State HIT Advisory Council – Appointed Members/Designees			
Participant Name	Attended	Participant Name	Attended
Victoria Veltri, Chief Health Policy Advisor for the Lieutenant Governor	X	David Fusco Appointed by Governor	X
Joseph Quaranta (Co-Chair) Appointed by Minority Leader of the Senate	X	Nicolangelo Scibelli Appointed by Governor	X
Sandra Ouellette For Comm. Roderick Bremby, DSS	X	Patricia Checko Appointed by Governor	
Michael Michaud For Comm. Miriam Delphin-Rittmon, DMHAS	X	Robert Tessier Appointed by Governor	
Fernando Muñiz For Comm. Joette Katz, DCF		Rob Rioux Appointed by President Pro Tempore of Senate	X
Cheryl Cepelak For Comm. Scott Semple, DOC	X	Jeannette DeJesús Appointed by President Pro Tempore of Senate	
Vanessa Kapral For Comm. Raul Pino, DPH	X	Matt Katz Appointed by President Pro Tempore of Senate	X
Comm. Morna Murray, DDS		Patrick Charmel Appointed by Majority Leader of Senate	X
Mark Raymond, BEST	X	Ken Yanagisawa Appointed by Majority Leader of the House	X
James Wadleigh, Access HealthCT	X	Alan Kaye Appointed by Minority Leader of the House	X
Mark Schaefer, SIM	X	Dina Berlyn Designee of Sen. Looney	X
Kathy Noel For Jon Carroll, UConn Health	X	Rep. Brendan Sharkey Speaker of the House of Representatives	
Demian Fontanella Acting Healthcare Advocate	X	Jennifer Macierowski Designee of Sen. Fasano	X
Kathleen DeMatteo Appointed by Governor	X	Prasad Srinivasan Designee of Rep. Klarides	
Supporting Leadership			
Sarju Shah, PMO	X	Carol Robinson, HIT Consultant	X
Faina Dookh, PMO	X	Teresa Younkin, HIT Consultant	X
Patricia MacTaggart, ONC, Guest Speaker	X	Minakshi Tikoo, DSS/UCONN	
TO BE APPOINTED			
<i>Health Information Technology Officer (Lt. Gov)</i>		<i>Technology expert who represents a hospital system (Speaker of the House)</i>	
<i>Health care consumer or a health care consumer advocate (Speaker of the House)</i>		<i>Provider of home health care services (Speaker of the House)</i>	

Meeting Schedule 2016 Dates – November 17, December 15

Health Information Technology Advisory Council Meeting Notes

	Agenda	Responsible Person	Time Allotted
1.	Welcome and Introductions	Council Members	5 min.
	Call to Order: The seventh meeting of the Health IT Advisory Council for 2016 was held on October 20 th at the Legislative Office Building in Hartford, CT. The meeting convened at 1:05 p.m., Joseph Quaranta presiding.		
2.	Public Comment	Attendees	10 min.
	<p>Karen Buckley, Vice President of Advocacy at the Connecticut Hospital Association (CHA) provided public comment regarding the admissions-transfer-discharge (ADT) alert system CHA developed to provide real time care coordination. She encouraged the state to look at best practices and eliminate duplication. Dr. Alan Kaye said his field is based on information management. He noted that the Committee had discussed existing technologies and while the state needs to be cost conscious, they cannot let things that are moving on a large scale be stopped. Ms. Buckley said that the right thing to do is to focus less on building a “Cadillac” and more on using an energy efficient car that fits what patients and providers need.</p> <p>The ADT system is a patient notification system that is focused on points of care where the patient enters, moves, or is released from the system. The system works in real time. Dr. Kaye asked whether the system was scalable. Jennifer Cox said that it could be scaled up but that would be entering a different purpose; health information exchange is not the same as a patient notification system. Matthew Katz said the hospital system has incredible value and opportunity and helps to identify a point of care that is used in an ACO environment and is recognized by Medicare. He said he would like to see it expanded to nursing homes and other facilities.</p> <p>Dr. Quaranta asked CHA to submit a copy of their comments for the Council’s review and to provide an update on capabilities so that members can understand the system.</p>		
3.	Review and Approval of the September 15, 2016 Minutes	Council Members	5 min.
	The motion was made by Patrick Charmel, and seconded by Victoria Veltri to approve the minutes of the September 15, 2016 meeting. Motion carried.		
4.	Review of Previous Action Items	Joe Quaranta	5 min.
	Sarju Shah reviewed the previous action items:		
	Action Items	Responsible Party	Follow-up Date
	1. SIM HIT Council Report	Sarju Shah	9/15/2016 – COMPLETED
	2. Overview of MACRA	Faina Dookh	9/15/2016 – COMPLETED
	3. Overview of Alert Notification Strategy	CedarBridge Group	10/20/2016 – COMPLETED
	4. eCQM Learning Experience	CedarBridge Group	11/17/2016
	5. eCQM RFI/RFP Process	CedarBridge Group	11/17/2016
5.	Updates	Joe Quaranta	10 min.
	<p>The Committee welcomed Rob Rioux to the table. Mr. Rioux fills the FQHC vacancy. The remaining appointments include a technology expert who represents a hospital system, a provider of home health care services and a health care consumer or a health care consumer advocate.</p> <p>The interview process for the Health Information Technology Officer is underway. The top three candidates will be brought in for second interviews. The hope is to have the top candidate on board soon.</p>		
6.	Federal Context for Delivering HIE Services in Connecticut	Patricia MacTaggart	20 min.
	Mark Schaefer introduced Patricia MacTaggart from the Office of the National Coordinator to provide perspective on what is happening nationwide. Dr. Schaefer noted that there is a rapidly shifting and complex landscape. Providers are being held accountable today and cannot wait until 2018.		

Health Information Technology Advisory Council

Meeting Notes

Ms. MacTaggart said that the goal of health information technology is to support what the state is doing to transform healthcare delivery and payment reform. Tools are not the end goal but are necessary to meet the end goal. Mr. Charmel said that most of the council members are here because we want to see a transformation and to improve the health of populations. How do you connect providers to the social services and build a profile of the individual? Ms. MacTaggart stated that ONC encourages looking at functionalities. For example, we have to look at the expanded care team (e.g. schools and services that impact health) and not just traditional health care team. To build and connect providers to social services, we need to build strong identity management which is important. Ms. MacTaggart used a hockey analogy of “where is the puck landing in 2017 and 2018.” She cautioned against designing and implementing based on where the state needs to be and not where you currently are. Dr. Schaefer noted that the Clinical and Community Integration Program asks for linkages to community partners.

Mr. Katz asked after which state Connecticut could model reporting services after. Ms. MacTaggart said that every state is doing it but applying it in different ways. Minnesota cannot exchange information statewide but they are a leader in social determinants. Oregon has done a community model where bundled payments are population health-based on a community. Colorado is slightly ahead in terms of use cases. Traditionally, EHRs have been thought of as data sources but there could be others. Every state is in process and there is no state to hold out as a model but there are a lot of good things happening in other states.

Dina Berlyn asked what the funding streams are. Ms. MacTaggart said Medicaid has funding for MMIS and HITECH. She said that CMS is a willing partner and that if there is something the state wanted to do, CMS could support it as long as it supports the Medicaid population. Ms. Veltri said the state could share the Medicaid Director letter that speaks to this. Dr. Schaefer said the funding has been further broadened and, when planning, the state can get federal match of 90 cents on every dollar. Planning efforts can go beyond the Medicaid population. He noted that for the HITO, there is a need to solve for funding this year’s planning activities directed by the HITO. There is an informational brief that will provide more information and further clarity. The Implementation Advanced Planning Document Update (IAPD-U) is not a waiver but allows for 90-10 federal match to start the planning process.

7.	Implementing HIE Services in Connecticut	Carol Robinson	40 min
-----------	---	-----------------------	---------------

Carol Robinson presented on implementing HIE services. Mr. Katz said it was important to know how many are using the DSS system and how many are using the CT Hospital Association System because they don’t want providers to have to use two systems at the same time. Ms. Robinson said that no one is using the DSS system yet. CedarBridge has prepared a brief to give members a sense that different vendors are facilitating notification.

Dr. Kaye asked if these activities would go on serially or in parallel. Ms. Robinson said that the SIM Initiative is rolling ahead and has its timeline that is a driver. She said activities are happening more in staggered starts. She said it’s an interesting time to think about HIE 1.0 versus HIE 2.0 and about services in the middle that are critical. Dr. Schaefer said there is the possibility of a modular approach. DSS started on a course of building on assets. The process is to begin to develop abilities. He said that ID management, provider directory, and consent registry is in line with the statute. He asked if basic assets are going to help the state get to where it needs to go and whether the Council buys into a modular based approach.

Mr. Charmel said that the CHA system was built for DSS. He asked what DSS didn’t like about it. Ms. Robinson said they didn’t know. Ms. Veltri said that engagement has to be done with providers to determine where they are. Ms. Robinson said they are proposing to do some discovery and have those discussions and help the Council, HITO, SIM Office and DSS understand and find a path that works. Ms. Veltri noted that HIE is important to SIM and that it was needed for SIM as much as it was needed for the state overall.

Health Information Technology Advisory Council

Meeting Notes

Dr. Kaye said that multiple state HIEs exist. He posited they may find a good system in other states that may work better. Ms. Robinson said that technology can be layered in a variety of ways. They need accurate identifiers of those in the system. The state may be able to add data to those other systems but they need planning time.

Ms. Berlyn said that the state’s vision was that they would procure a system that already existed. She asked if it would affect the federal funding if they procured an HIE in a box from either Rhode Island or Maine, adding later that Maine’s HIE seemed to be fairly complete. Ms. MacTaggart said that HIE is about buying services. Some states are talking to Oklahoma about buying particular services. If Connecticut were to do that, it would be contracting with an entity rather than another state.

Dr. Kaye asked if the state was prolonging the process by focusing on a modular approach without looking at if there is a solution that would work for the state. Ms. Robinson said they would come back with more information at the next month’s meeting. She said that some HIEs are doing well while others are struggling with sustainability. Ms. MacTaggart said the Council should look at HIE as a train where, if something doesn’t work, they can take it out but still move forward.

Dr. Quaranta said that some issues need to be tabled, such as the CHA notification system versus the state system. He said they were discussing a point they never came to a clear consensus on: a single entity versus a modular approach. There are concerns that other projects may delay HIE. The committee needs reassurance that a modular approach does not preclude the HIE. He said he is very concerned when he hears talk about modular systems because systems do not talk well together.

Jennifer Macierowski asked if they needed to move step by step, procuring functions that are answering questions and providing services. Ms. Robinson said that the first focus with the state notification system is FQHCs before expanding out. Ms. Macierowski said that made sense. She said it did not make sense to have CHA/ hospitals that are already getting an alert to get a second alert. Ms. Robinson said they can provide examples of what other states are doing at the next meeting. Dr. Quaranta said it would be helpful to get a briefing on current status. He also said that quality measures will have an impact on the technology decision. Ms. Robinson said that some states are out in front on that and she can bring back more information.

Mr. Katz asked about the impact of the GAO report on cohesive consolidation on quality measurements. Ms. MacTaggart said that alignment is a focus, not just a strategy and that some states have taken MACRA into account. Dr. Quaranta noted that there are a number of programs physicians are “living under” and the Council needs to think about a single solution for all of those processes. He added that understanding where the state is today will help. Ms. Veltri said that one of the purposes of an RFI is to find this information. Ms. MacTaggart said they want a system to be capable of dealing with 18 or 19 measures that is also flexible to accommodate changes because measures in use today may not be the same measures in use at a later date.

8.	Federal Financing Information	Carol Robinson	15 min.
This item was tabled to the next meeting.			
9.	Wrap Up and Next Steps	Joe Quaranta	15 min.
<p>Dr. Quaranta summarized next steps: a full planning analysis, an RFI/RFP process to discuss what will be developed in terms an HIE, and a look at current and next generation quality measures.</p> <p>Mark Raymond noted that one two-hour meeting a month may not be enough time to complete all of the work ahead. Ms. Veltri said that a lot of work is done offline. She added that they can make sure that offline work can help make sure the Council meetings are efficient. Ms. Shah asked if members would be interested in having webinars outside of meetings or extending the meeting an additional hour. Dr. Quaranta said they could accommodate both options and suggested using the meeting more for decisions rather than discussions.</p>			

Health Information Technology Advisory Council
Meeting Notes

Action Items	Responsible Party	Follow-up Date
1. SIM HIT Recommendations	Sarju Shah	09/15/2016 – COMPLETED
2. Present on MACRA	Faina Dookh	09/15/2016 – COMPLETED
3. Alert Notification Strategy	CedarBridge	10/20/2016– COMPLETED
4. eQIM learning experience	CedarBridge	11/17/2016
5. eQIM RFI/RFP	CedarBridge	11/17/2016

DRAFT