Health Information Technology Advisory Council

Meeting Notes

Meeting Date	Meeting Time	Location
December 15, 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	Nicolangelo Scibelli Appointed by Governor	X
Joseph Quaranta (Co-Chair) Appointed by Minority Leader of the Senate	X	Patricia Checko Appointed by Governor	X
Roderick Bremby (DSS)	X	Robert Tessier Appointed by Governor	X
Michael Michaud For Comm. Miriam Delphin-Rittmon, DMHAS	X	Rob Rioux Appointed by President Pro Tempore of Senate	
Fernando Muñiz For Comm. Joette Katz, DCF		Jeannette DeJesús Appointed by President Pro Tempore of Senate	
Cheryl Cepelak For Comm. Scott Semple, DOC	X	Matt Katz Appointed by President Pro Tempore of Senate	X
Vanessa Kapral For Comm. Raul Pino, DPH	X	Lisa Stump Appointed by Speaker of the House	
Jordan Scheff For Comm. Morna Murray, DDS	X	Jake Star Appointed by Speaker of the House	X
Mark Raymond, BEST		Patrick Charmel Appointed by Majority Leader of Senate	X
James Wadleigh, Access HealthCT		Ken Yanagisawa Appointed by Majority Leader of the House	X
Mark Schaefer, SIM	X	Alan Kaye Appointed by Minority Leader of the House	X
Robert Darby For Jon Carroll, UConn Health	X	Dina Berlyn Designee of Sen. Looney	X
Demian Fontanella Acting Healthcare Advocate		Rep. Brendan Sharkey Speaker of the House of Representatives	
Kathleen DeMatteo Appointed by Governor	X	Jennifer Macierowski Designee of Sen. Fasano	X
David Fusco Appointed by Governor	X	Prasad Srinivasan Designee of Rep. Klarides	X
Supporting Leadership			
Sarju Shah, PMO	X	Carol Robinson, HIT Consultant	X
Faina Dookh, PMO	X	Teresa Younkin, HIT Consultant	
Wayne Hauk, HIT Consultant	X	Minakshi Tikoo, DSS/UCONN	
TO BE APPOINTED			
Health Information Technology Officer (Lt. Gov)		*Health care consumer or a health care consumer advocate (Speaker of the House*	

Meeting Schedule 2017 Dates – Jan. 19; Feb. 16; Mar. 16; Apr. 20

Health Information Technology Advisory Council
Meeting Notes

	Agenda	Responsible Person	Time Allotted
1.	**Welcome and Introductions**	**Council Members**	**5 min.**
	Call to Order: The ninth meeting of the Health IT Advisory Council for 2016 was held on December 15th at the Legislative Office Building in Hartford, CT. The meeting convened at 1:08 p.m., Joseph Quaranta presiding.		
2.	**Public Comment**	**Attendees**	**5 min.**
	Karen Buckley, Vice President of Advocacy for the Connecticut Hospital Association, provided public comment regarding the Department of Social Services' Project Notify and potential duplication of effort with CHA's existing notification system. She noted that Project Notify is only applicable to Medicaid recipients and CHA does not believe Medicaid recipients should be treated differently. The current system handles all patients. Dr. Quaranta said they would defer responses to the public comment to later in the agenda.		
3.	**Review and Approval of the November 17, 2016 Minutes**	**Council Members**	**5 min.**
	The motion was made by Matt Katz, and seconded by Patricia Checko to approve the minutes of the November 17, 2016 meeting. **Motion carried.**		
4.	**Review of Previous Action Items**	**Joe Quaranta**	**5 min.**
	Sarju Shah reviewed the previous action items and noted that all items have been completed		

Action Items	Responsible Party	Follow-up Date
1. Timeline for eCQM Learning Experiences	CedarBridge	11/17/2016 – COMPLETE
2. Timeline for eCQM RFI/RFP Process	CedarBridge	11/16/2016 – COMPLETE
3. Circulate References	Sarju Shah	12/08/2016 – COMPLETE
4. Circulate 11/17 Public Comment	Sarju Shah	12/08/2016 – COMPLETE
5. Circulate Guiding Principles for Discussion	CedarBridge	12/08/2016 – COMPLETE

5.	**Updates**	**Sarju Shah**	**10 min.**
	• Appointments There are two new council members. Lisa Stump is a technology expert who represents a hospital system. Jake Star is a provider of home health care services. One vacancy remains for a healthcare consumer representative. • HITO Search Victoria Veltri said they are nearing completion on the process and working to onboard someone very soon. • Federal Funding Request Ms. Shah provided the update on the timelines and plans for use with regard to the request for $1.6 million in federal 90/10 funding to support statewide HIT activities.		
6.	**Decision Making Framework**	**Carol Robinson**	**75 min**
	Carol Robinson of CedarBridge presented the update on guiding principles. Mr. Katz asked when it was appropriate to provide comments. He said he could hold his comments until the appropriate section. 1) ***Allow patients to control access to their data*** Nicolangelo Scibelli said the way the principle reads, it would appear that they are standing up an EHR system rather than providing patients with access to their complete record. Ms. Robinson said they can clarify that the HIE does not provide an EHR. Dina Berlyn said she wanted to make it clear that existing assets can be used if they are helpful but they are not required. Mr. Katz said they should make sure the agnostic aspect of the HIE is referenced as that is missing. The goal is that everyone will have access and that doesn't seem to resonate. Ms. Carol said she will see where to add that principle. Alan Kaye also said the language implied the HIE is the EHR and, while it would be great if it did that, he did not think that was the intent. Dr. Checko noted that there may be data on an individual that the individual may not know exists such as the cancer registry at DPH. This registry is accessed by researchers but not patients (Note: the DPH cancer registry contains de-identified information). She said they need to evaluate what access is. Ms. Robinson		

asked whether there are certain public health needs that would preclude patient access. Dr. Checko said that there are things that have a higher level of confidentiality around them and they would need to look at potential legislative implications. She said they should also consider that individuals may not be aware that certain data exists and they may not have access to it.

2) ***Keep patients' data private, secure, and confidential***
Alan Kaye noted the difference between a guiding principle and an operational decision. They will need to make an operational decision with regard to consent. He said that an electronic consent manual has not come up and asked whether it was real time. Ms. Robinson said that SAMHSA has a pilot that will give patients more control and there are different ways this is moving. The intent is to value patient rights. Dr. Kaye said his understanding is that if the process is too onerous and granular, the HIE won't fly. Mr. Katz noted concern about control of data if doctors have limited access. That may create practice-level problems. Mr. Katz said that if doctors can only access the data they provided, that could jeopardize patient care as the data has limited utility. Ms. Robinson said the principle relates to the patient determining what is shared and how it is shared but it may be too broad and need narrowing. Dr. Quaranta said they will have to struggle with the fact that patients have the right to compartmentalize their data. He said they will need to create a model that will encourage patients to share their data while allowing for special circumstances. Most people have the expectation that their data is already being shared. Mark Schaefer said the problem is not control but rather access. Dina Berlyn noted the Public Act referenced both access and control. Patrick Charmel said there is a line between confidentiality versus privacy. Every individual has a right to confidentiality but they may not have the right to say no. Mr. Katz said that controlling access is different from controlling how data is used. Dr. Schaefer suggested taking the comments under advisement and coming back with refined language with understandable implications. Dr. Quaranta agreed with that and suggested they move on.

3) ***Use approved national standards where available***
There was no discussion.

4) ***Adhere to state and federal regulations***
There was no discussion.

5) ***Be cost effective, sustainable, and utilize industry best practices where proven***
Dr. Kaye said he did not know what was meant by "proven" and he noted that best practices means they are acceptable practices. He did not think the word was necessary. Ms. Robinson said she would like to improve the language.

6) ***Be rapidly deployed by promoting the use of modular services***
Mr. Katz said modular services were good as long as they can be incorporated. There needs to be the understating that if they are putting something into place, it better be able to connect to everything later or it will become obsolete. Ms. Berlyn said she was not sure if they had committed to a modular approach. Ms. Robinson said the question is more about whether they use a single vendor versus multiple vendors. Dr. Schaefer said the principle is that the strategy should support rapid deployment. If they are trying to achieve rapid deployment, they can be silent on whether the services are modular. Ms. Robinson said they could change "modular" to interoperable." Dr. Kaye suggested using Dr. Schaefer's recommendation and changing it to "rapidly deployed."

7) ***Be focused on improving the quality, safety and value of health care***
There was no discussion.

8) ***Promote strong data stewardship policies to improve data accuracy and the quality, safety and value of health care***
There was no discussion.

9) ***Be interoperable with other health data systems, especially with those operated by the state, and fit into provider workflows without being burdensome***
Mr. Katz said it is important to look at interoperability. They are dealing with different systems and different populations. A huge component is that it is not just interoperable but about reducing unnecessary burden. He referenced CHA's public comment and expressed concerns about duplication of effort.

10) **Be managed by an experienced organization with a proven track record or providing a comprehensive set of health information exchange services**
11) **Employ a streamlined governance model that is inclusive of participating stakeholders to ensure sustainability of services**

Ms. Robinson reviewed the last two principles and asked how to move forward with the HITO coming on board and asked what the members would like to have available as they work through the principles. Mr. Katz said that while they talk about patients and the state and governance in the principles, what is missing is how providers use the system. He said there should be a principle that the solution be usable by all in the system. If the solution is not functional for providers, it won't work at the point of care and won't improve care. He suggested breaking the principles up into sections and establishing work groups. Dr. Schaefer said they should have patient and provider centered view of the solutions. Mr. Katz said that efficiencies and cost will be critical and that they need to look at solutions in both respects. Ms. Berlyn said that it has to remain clear that the information belongs to the patient. Mr. Katz said he did not have an issue with ownership but the information has to be operable. There was a question about where the entity overseeing the solution sits. Ms. Robinson said that these are designated by the state as a state-designated entity.

Ms. Veltri said that if a principle needed to be reworked, members should send feedback before the next meeting so that the next meeting is efficient. Ms. Robinson said that only a few needed reworking. They are looking to focus on eCQM needs in January. Ms. Shah reminded the Council that there was time to respond to the public comment. Mr. Katz said he thought it fit into the ninth principle. He said they don't want to have a doctor or a hospital have nine different ways to do the same thing. He said they need to answer who the Council is advising and what they are advising as they develop the system and make sure they don't roll out things that don't fit into the system.

Roderick Bremby said he wanted to offer context. There is an urgency on needing to deliver for 700,000 patients as a number of patients require movement on HIE and care coordination. They would talk with practitioners to get feedback. He noted that Medicaid exists in an eco-system where they need to coordinate with things like Meals on Wheels. They are mindful of redundancy and complex systems and want to move forward in a way that is not wasteful. He said they have not gotten into how to factor that into business process and need to discuss what they are going to do with the information. He asked whether the IAPD had come before the Council. Ms. Veltri said they need to bring the full IAPD to the group. Commissioner Bremby said they will bring it forward in January. He said not to take the discussion as the end of the conversation and that DSS was open to continuing discussion.

7.	**Wrap Up and Next Steps**	**Joe Quaranta**	**15 min.**

Ms. Shah said the next meeting is scheduled for January 19. They will also schedule educational webinar(s) in January. She noted each member has received a housekeeping email to make sure members' complete contact information is on file, along with a small bio and photo. She asked members to respond before the end of December.

Ms. Robinson said that they see stakeholder engagement as engaging members of services to understand the current environmental scan of the state. They are putting together an interview list and focus group strategies. The goal is to engage a much broader swath of the state and they could use help in identifying stakeholders.

Dr. Kaye asked what relationship Project Notify had to the CHA system. Commissioner Bremby said there were concerns about whether the feed could be sent downstream to other providers. It was suggested one way to avoid an issue is to go directly to providers and an addendum will cover HIPPA concerns downstream. They can get the feed and do use cases in their totality. Dr. Kaye asked if there was any overlap. Commissioner Bremby said there are in-house technicians who can provide that information. He said he knew it wasn't a problem in other states but they want to make sure they do things in the right way. Dr. Kaye noted it may be a microcosm of what they have been discussing and he expressed concern. He said it may be a case study in some of the things

they will see going forward. Commissioner Bremby said it was a great use case. Mr. Scibelli said there are components of Project Notify that are foundational and underscored Commissioner Bremby's comments about moving forward. Commissioner Bremby said they had done things in the past that were expensive and costly and they want to be mindful of that. They have a system for data match for eCQM but perhaps there will be no uptake. There are no legacy issues as the older systems are being retired. Mr. Katz said his concern was the timing and edict. He was concerned there was something going on that could not fit in. He would like a better understanding of who they are making recommendations to so they know how everything fits in. Commissioner Bremby said that as an advisory council they need to understand to whom they are making recommendations and where the private payers come in as well. They need to broaden the conversation.

Dr. Schaefer said that to connect a few dots on the IAPD, there is an existing IAPD that talks about moving forward with the next gate. There has been a reaction to that strategy. The update they are requesting is to primary obtain 90/10 federal match to further undertake stakeholder development. They should look at whether it makes sense to unpack the whole IAPD versus focus on whether the support for the HITO is consistent with the aims of the HITO so they don't hold things up unnecessarily. Ms. Veltri said the document could be shared quickly and they can talk about the legislation. She said the Council is advisory to the HITO but they can come back and discuss that more at a later date. Commissioner Bremby said they don't have a formal submittal yet and they want to make sure it is done in a way that it will always be done and not in a way that is precedent setting. Ms. Veltri suggested they review the complete IAPD. Ms. Veltri said it would be helpful and that they can share it with the Council so they can read it before the next meeting.

Dr. Quaranta adjourned the meeting at 3:04 p.m.

Action Items	**Responsible Party**	**Follow Up Date**
1. Circulate Revised Guiding Principles	CedarBridge	01/17/17 – COMPLETE
2. eCQM Learning Experience	Sarju Shah	01/13/17 – COMPLETE
3. IAPD Review and Discussion	Sarju Shah	01/05/17 – COMPLETE