Health Information Technology Advisory Council
Meeting Notes

Meeting Date	Meeting Time	Location
April 20, 2017	1:00 – 3:00 p.m.	Legislative Office Building, Hearing Room 1D 300 Capitol Avenue, Hartford

Participant Name and Attendance

Council Members					
Victoria Veltri, (LGO)	X	James Wadleigh, AHCT	X	Jeannette DeJesús	X
Allan Hackney, HITO	X	Mark Schaefer, SIM	X	Matthew Katz	X
Joseph Quaranta (Co-Chair)	X	Robert Darby, UCHC	X	Lisa Stump	X
Joe Stanford, DSS	X	Ted Doolittle, OHA	X	Jake Star	
Michael Michaud, DMHAS	X	Kathleen DeMatteo	X	Patrick Charmel	X
Cindy Butterfield, DCF	X	David Fusco	X	Ken Yanagisawa, MD	
Cheryl Cepelak, DOC	X	Nicolangelo Scibelli	X	Alan Kaye, MD	
Vanessa Kapral, DPH	X	Patricia Checko	X	Dina Berlyn	X
Dennis Mitchell, DDS	X	Robert Tessier	X	Jennifer Macierowski	X
Mark Raymond, CIO	X	Robert Rioux	X	Prasad Srinivasan, MD	X
Supporting Leadership					
Sarju Shah, HIT PMO	X	Carol Robinson, CedarBridge	X	Karen Bell, MD, CedarBridge	X
Faina Dookh, SIM PMO		Michael Matthews, CedarBridge	X	Chris Robinson, CedarBridge	X
To Be Appointed					
Health care consumer or a health care consumer advocate; Speaker of the House designee (Speaker of the House)					

Meeting Schedule 2017 Dates –May 18, June 15, Jul. 20
Meeting Information is located at: http://portal.ct.gov/Office-of-the-Lt-Governor/Health-Care-IT-Advisory-Council

	Agenda	Responsible Person	Time Allotted
1.	**Welcome and Introductions**	**Joseph Quaranta**	**5 min.**
	Call to Order: The fifth meeting of the Health IT Advisory Council for 2017 was held on April 20th at the Legislative Office Building in Hartford, CT. The meeting convened at 1:02 p.m.		
2.	**Public Comment**	**Attendees**	**5 min.**
	There was no public comment.		
3.	**Review and Approval of the March 16, 2017 Minutes**	**Council Members**	**5 min.**
	There was one correction to the minutes. Matthew Katz clarified that the CSMS established and utilizes a secure messaging service. The motion was made by Mark Raymond, and seconded by Mr. Katz to approve the minutes of the March 16, 2017 meeting with the noted correction. **Motion carried.**		
4.	**Review of Previous Action Items**	**Sarju Shah**	**5 min.**
	Sarju Shah reviewed and provided updates on previous action items.		

Action Items	Responsible Party	Follow-up Date
1. Review eCQM Design Group Charter	Advisory Council	COMPLETE
2. Review eCQM Design Group Progress Report	Advisory Council	COMPLETE
3. Distribute KHIN slide deck as requested	Matthew Katz	COMPLETE
4. Revise Guiding Principles based on discussion	CedarBridge	TBD
5. Review SB-811/PA 15-146 requirements for and SB-445 impact on APCD	HIT PMO	TBD

5.	**Updates**	**Sarju Shah**	**5 min.**
	The Council is still awaiting the appointment of a consumer representative. Ms. Shah introduced new members Cindy Butterfield and Dennis Mitchell.		
6.	**Stakeholder Engagement Summary of Findings**	**Michael Matthews**	**40 min.**

Michael Matthews of CedarBridge provided the summary of findings to the Council, including a list of recommendations.

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 social determinants of health
2. Connecticut must leverage, not duplicate, existing interoperability initiatives; and provide technical assistance, education, and coordinated communication to all stakeholders using health IT and HIE services
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

Lisa Stump suggested considering the issue of adoption since varying levels of adoption in technology currently exists. This question of adoption (meeting people where they are while simultaneously bringing them forward) is fundamental. Carol Robinson noted that the need for technical assistance and for support for the range of stakeholders. She also mentioned that Medicaid 90/10 funding can support these types of activities and will be discussed in the final report. Mr. Matthews mentioned another theme that across the stakeholders is the availability of resources – there are not enough resources to do everything that organizations want to do.

Dr. Quaranta raised the question about funding and sustainability. He asked what was heard from the stakeholders about where the funding opportunities exists currently, and if stakeholders have confidence in their existing business models to support long-term investments. Ms. Robinson stated that it starts with trust. Trust is central to any purchase made for business or personal reasons and is a new concept to healthcare since it is changing to a technology-enabled industry. It was noted that it would be beneficial to learn from other states where trust has been built and maintained.

Mr. Katz noted the recommendation did not reference timing. The recommendation from the CSMS were centered on the need for something "right now." Mr. Matthews stated that the ideas around implementation and timing will be part of Allan Hackney's next steps as the HITO. The report centered around the "what and why"; the "when and how" will come next. Mr. Matthews also added that the other side of trust is confidence. The idea of early wins to reinforce trust and the value proposition will be central principles. Mr. Hackney mentioned that the recommendations were developed based on countless interviews, and council members' reactions and feedback on these recommendations is needed before a final decision is made.

Ted Doolittle said that the Calls to Actions are aspirational statements and no one would disagree with them. He would like detailed refinement around the "rules of the road" and governance framework. He also questioned whether the Health IT Advisory Council will oversee these decisions, or if additional bodies and

	governance structures will need to be established. Mr. Hackney said he viewed the Council as the body to drive forward the priorities and approaches since it was created by statute and is empowered to operationalize these recommendations. Mr. Doolittle then asked whether they will need to build a dynamic relationship with the stakeholders that were interviewed. Mr. Matthews said that the need for a separate entity will be determined as the "when and how." Ms. Robinson also mentioned that the council should consider creating standing work groups or task forces. Mr. Doolittle said he would consider making the stakeholders aware of the product in which Mr. Matthews agreed and stated that there was much interest from all the stakeholders to stay involved and updated on the process. Mr. Raymond noted that "Connecticut" may be too general a phrase. At times state agencies or other specific groups are identified, whereas using "Connecticut" might confuse the reader as to what and who is included. Ms. Robinson responded that may come down to governance. Ms. Stump noted that Mr. Raymond is referring to who bears the cost. Mr. Raymond agreed. Ms. Stump then stated the council has talked about the availability of funds, but there is a lack of clarity on how the work will be sustainable. She recommended understanding how other states have created sustainable systems and their return on investments. Jennifer Macierowski said it was clear that the wounds from the state's initial failures were pretty deep and it speaks to the need to rebuild trust. She said it will be a challenge to continue that dialogue but it will be critical to sustaining the energy created. The Council would be the policy driver but there will probably be a need for a stakeholder governance structure. She thought they hit the right notes and they can take advantage of that gain to create opportunities but the devil will be in the details.		
7.	**eCQM Design Group Report and Recommendations**	**Karen Bell**	**40 min.**
	Karen Bell, Patricia Checko, and Nicolangelo Scibelli provided an overview of the eCQM Design Group recommendations. • A governing entity be established to address the following needs: (1) governance authorities; (2) compliance and auditing mechanisms; (3) accountability to and transparency with stakeholders; (4) bylaws and policies; (5) maintenance of a policy framework; (6) clear decision-making processes; (7) principles to guide prioritization of programs and processes; (8) well-defined roles of governance entity and operations; (9) sustainable business model; and (10) data governance. • Operational requirements to be addressed: (1) hiring and retention of experienced staff; (2) interoperability with existing health IT infrastructure; (3) electronic consent management; (4) quality assurance and quality control programs; and (5) technical assistance and communication. • The development of a statewide quality measurement system: (1) should focus on the Quadruple Aim of better health, better care, lower costs, and a positive healthcare workforce; (2) should keep the patient as the "north star" with a vision for a person-centered system; (3) should incorporate all types of quality-related, structured data; and ingest and create quality measures from different data sources; (4) should include the Design Group's Functional Requirements; (5) should interface with provider-specific reporting systems (such as behavioral health and long-term and post-acute care providers) to the extent possible; (6) should adopt specifications for aligned measures as they become available [through the efforts of CMS, America's Health Insurance Plans (AHIP), and other national initiatives]; (7) should maintain flexibility as quality measurement improves from measuring processes to measuring outcomes, including patient-reported outcomes; (8) should integrate with other components of Connecticut's health IT infrastructure, including the state's APCD; (9) should address transparency of costs and availability of public-facing data over time; and (10) should recognize the key challenges that will be faced as the system is implemented. Dr. Bell noted the full report would be forthcoming. She also noted the work on payment reform and value based payment systems have not yet shown improvement. Mr. Katz said he was anxious to see the report and asked whether they would follow the specific recommendations or whether they should allow for		

	flexibility. Dr. Bell said that is a decision the full council will need to make. The Design Group's work is foundational; the Council will need to determine next steps. David Fusco suggested that they discuss the eCQM report further during the May meeting specifically having a constructive discussion around what a potential statewide quality measurement system (see graphic on slide 43) may look like along with the implications that this system will bring to stakeholders. He also noted that many around the table are payers as they represent self-insured employers. If there is an entity that enables this type of structure, that is as important to think about as the individual use cases. The graphic suggests moving away from individual management of these programs and removing the burden of churning and calculating data from the individuals. Mr. Doolittle said he appreciated that the Design Group kept the patient as the north star and agreed fully with the need for cost transparency and public-facing data. He said the chief problem is cost and he urged everyone to consider that in addition to clinical data. Patrick Charmel said that as they pull data in from various sources, they will learn new ways to look at success. That could be both a "blessing and a curse". He asked how they can guard against creating a monster and establish priorities. Mark Schaefer said they have just begun the process of formulating a strategy. They are engaging individual payers in a more specific request to align. In the most recent discussion, the question is whether the 30 measures on the core measurement set are too much. Should they focus on a smaller set of 15 or 20? There needs to be a place where there is a disciplined process for identifying the measurement and the place for improvement. Mr. Katz noted the federal government will be releasing revisions to MACRA and providers will need to abide by reporting dates. They have to look at what is currently being done or they will miss the mark in the short term.		
8.	**Wrap Up and Next Steps**	**Sarju Shah**	**15 min.**
	The meeting adjourned at 3:02 p.m.		

Action Items	Responsible Party	Follow-up Date
1. Review eCQM Design Group recommendations	Advisory Council	5/18/2017
2. Review Calls to Actions recommendations	Advisory Council	5/18/2017
3. Distribute KHIN slide deck as requested	Matt Katz	COMPLETE 4/20/2017
4. Correct March 16 council minutes	HIT PMO	COMPLETE 4/20/2017
5. Revise Guiding Principles based on discussion	CedarBridge	TBD
6. Review SB-811/PA 15-146 requirements for and review SB-445 impact on APCD	HIT PMO	TBD