

**Health Information Technology (HealthIT) Advisory Council
(PA 15-146)
Meeting Minutes**

Meeting Date	Meeting Time	Location
August 20, 2015	1:00 - 3:00 pm	Legislative Office Building 300 Capitol Avenue, Hartford Hearing Room 1D

Participant Name and Attendance

State HIT Advisory Council – Appointed Members		Supporting Leadership	
Participant Name	Attended	Participant Name	Attended
Comm. Roderick Bremby (Chair)	X	Minakshi Tikoo	-
Comm. Miriam Delphin-Rittmon, DMHAS	X		
Dep. Comm. Fernando Muniz, DCF for Comm. Joette Katz, DCF	X	Michael Williams, DCF	-
Dep. Comm. Cheryl Cepelak Comm. Scott Semple, DOC	X		
Comm. Jewel Mullen, DPH	X		
Comm. Morna Murray, DDS	-		
Mark Raymond, BEST	X		
Mark Schaefer, SIM	-		
Jon Carroll, UConn Health	X		
Victoria Veltri, OHA	X		
James Wadleigh, Access HealthCT	X		
Jeannette DeJesus, appointed by Sen. Looney	X		
Philip Renda, appointed by Sen. Looney	-	Polly Painter representing Senate Democratic Office	X
Jenn Macierowski representing Senator Fasano	X		
The president pro tempore of the Senate, or the president's designee			
The speaker of the House of Representatives, or the speaker's designee			
The minority leader of the House of Representatives, or the minority leader's designee			
TO BE APPOINTED			
<i>Five members appointed by the Governor</i>			
<i>Two members appointed by House Representative Speaker</i>			
<i>One member appointed by Senate Majority Leader</i>			
<i>One member appointed by House Representative Majority Leader</i>			
<i>One member appointed by Senate Minority Leader</i>			
<i>One member appointed by House Representative Minority Leader</i>			

2015 Meeting Dates – Aug. 20, Sept. 10, Oct. 15, Nov. 19, Dec. 17

	Agenda	Responsible Person	Time Allotted
1.	Introduction		15 min.
	<p>Call to Order: The first meeting of the HealthIT Advisory Council was held on August 20th, 2015 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:05 pm, Commissioner Bremby presiding.</p> <p>The meeting convened with an introduction of current Advisory Council members.</p>		
2.	Brief Remarks – Senate Bill 811 (Sections 20-26)	Comm. Bremby	30 min.
	<p>Appointments</p> <ul style="list-style-type: none"> ➤ Per Public Act 15-146, the HealthIT Advisory Council is a 28-member council. Currently 13 members have been identified. The balance of members to be appointed shortly. 		
	<p>Electing a Co-Chair</p> <ul style="list-style-type: none"> ➤ The Advisory Council requires a non-state official as the co-chair. At this time, Philip Renda (appointed by Sen. Looney) and Jeannette DeJesus (appointed by Sen. Looney) are the only council members who are not state officials. Commissioner Bremby suggested deferring electing a co-chair. ➤ Commissioner Mullen asked if operational procedures, bylaws and/or a charter were developed for this Council. Commissioner Bremby acknowledged that the Public Act provides some guidance regarding quorum and electing co-chairs. ➤ Motion: Commissioner Bremby moves and Commissioner Mullen seconds to postpone the election of a co-chair. All are in favor. Motion carried. ➤ Commissioner Bremby will add a Public Comment to the next agenda. 		
	<p>Overview of the sections</p> <ul style="list-style-type: none"> ➤ See PowerPoint presentation. ➤ Connecticut will look to acquire an HIE to operationalize within the state. It is not Connecticut's intent to build an HIE from the ground up. 		
	<p>Engaging a facilitator</p> <ul style="list-style-type: none"> ➤ The HealthIT Advisory Council will engage a facilitator for the Council to assist in the strategic HIT planning process. The State is currently negotiating a contract with an organization that has deep knowledge of health information technology and has worked with numerous states. The facilitator will be at future meetings. 		
3.	Background and Context	Comm. Bremby and Mark Raymond	20 min.
	<p>PA 14-217 – Multiagency collaborative process</p> <ul style="list-style-type: none"> ➤ See PowerPoint presentation. ➤ Overview of Public Act 14-217. Connecticut reviewed the governance structures of Illinois and Minnesota. Connecticut leveraged the Illinois Handbook for the state's governance needs. ➤ The Connecticut HIT Governance Structure as noted in the PowerPoint presentation was developed but has not been implemented. An MOU/interagency agreement was drafted and is currently under review to support shared HIT projects. A charter is needed for the broader framework. Not all agency projects will need to be vetted through this process. 		

Strategic and Operational Plan (handout)		
<ul style="list-style-type: none"> ➤ The Strategic and Operational Plan and the current DSS HIT activities handouts were reviewed. ➤ The Council is an advisory board. State agencies will need to identify resource needs to support shared HIT projects. 		
4.	Deliverables and timeline for reports due to the General Assembly and OPM	Comm. Bremby 20 min.
<ul style="list-style-type: none"> ➤ The Advisory Council is charged to develop a statewide HIT strategic and operational plan that is due to OPM by January 1, 2016. 		
5.	Discussion	All 15 min.
<p>Mark Raymond: The multi-agency collaborative process helped the group to think about the governance structure. The process gathered related groups that did not always work together and brought subject matter experts in to provide input and make recommendations. The discussion around interconnectedness and the spirit everyone brought to the process was true dedication. Even though this process seemed at times unyielding, we have an end product. The hard work has just begun as we start development the statewide HIT plan.</p> <p>Commissioner Mullen: How will the Advisory Council support moving public health measures/ applications forward and where does it fit into the schema? What will practitioners need to do to meet these said goals and how will it be addressed? Where does the input of external and additional participants be brought to bear to extend technology so that Health IT can be brought to everyone?</p> <ul style="list-style-type: none"> ➤ Commissioner Bremby responded in saying that the previous Advisory Council was formed to develop a governance structure. The HIE goals will be brought forward and will be part of this plan. Last year, OPM was an active member and helped us to operationalize all the activities that we envisioned. <p>Commissioner Mullen: Clarified that DSS and DPH staff spend a majority of time focusing on how clinicians will achieve meeting measures. We need to implement activities that need to happen to support clinicians and not internal priorities.</p> <p>Vicki Veltri: The SIM HIT Council is meeting tomorrow. The organizational chart that was presented, is it a historical structure? Or is this the current structure? Will this accommodate additional members? This chart will need to be modified so that broader representation can occur.</p> <p>Jon Carrol: This is a roadmap. Will there be an annual report so that committees are cognizant of all the work that is occurring in the state?</p> <ul style="list-style-type: none"> ➤ Commissioner Bremby: Yes that is the plan. This creates the framework and follows the trajectory that the work is being done. <p>Jennifer Macierowski: Mentioned that Senator Fasano’s office did not receive today’s meeting notice. His office has sent out an appointment letter to the primary care physician as detailed in the Public Act. Ms. Macierowski requested a more transparent communication process since Appointments were most likely not aware of this meeting. She also mentioned that legislators want to assure that one of the overall goals of this Council is to ensure that pieces are tied together so that all patients will be served.</p> <ul style="list-style-type: none"> ➤ Commissioner Bremby: Staff will double-check the appointments. <p>Jennifer Macierowski: What was the cost to stand-up Direct, ongoing cost, the return on investment and</p>		

	<p>saturation of the market?</p> <ul style="list-style-type: none"> ➤ Commissioner Mullen believes that Direct is being underutilized and that DSS should work with DPH to support Direct messaging usage. Both Dr. Mullen and Ms. Macierowski asked if a survey of Direct utilization can be done. <p>Jon Carroll: What will the bond funds be used for?</p> <ul style="list-style-type: none"> ➤ Commissioner Bremby: Bond funds are for the RFP development and procurement. 		
6.	Next Steps	All	20 min.
	<p>Jon Carroll: Will the facilitator be at the next meeting and will this person help with the challenges related to interoperability?</p> <ul style="list-style-type: none"> ➤ Commissioner Bremby mentioned that a firm has been identified and has subject matter experts who can help walk the Council through the challenges. ➤ Ms. Macierowski then asked if an RFP was used to procure the facilitator. ➤ Commissioner Bremby stated to accelerate this process so that the Council can meet its deliverable by the end of the year has requested UCONN to procure the facilitator. <p>Commissioner Mullen: Mentioned how outside entities have critiqued how the State has utilized its resources and as we move forward we need to utilize our assets appropriately. Commissioner Mullen is happy to work together and help keep building intellectual assets to get the work done for Connecticut.</p>		
7.	Adjourn		
	<ul style="list-style-type: none"> • Meeting adjourned at 2:18 pm. 		

Action Items	Responsible party
Add Public Comment to the Agenda	Facilitator
Confirm appointments receive information about upcoming meetings.	Commissioner Bremby

Parking Lot Issues: Not applicable

Handouts:

1. Connecticut HealthIT Strategic and Operational Plan. August 2015.
2. Medicaid EHR Incentive Program and other Health IT initiatives folder.