

Health Information Technology Advisory Council Meeting Minutes

Meeting Date	Meeting Time	Location
November 18, 2021	1:00 pm – 3:00 pm	Zoom Meeting Recording

Participant Name and Attendance

Council Members					
Joseph Quaranta (Co-Chair)	X	Ted Doolittle, OHA (Adam Prizio)	X	Lisa Stump	X
Sumit Sajnani, OHS HITO (Co-Chair)	X	Stacy Beck		Patrick Charmel	
Joe Stanford, DSS	X	Robert Rioux		Alan Kaye, MD	X
Elizabeth Taylor, DMHAS	X	David Fusco		Dina Berlyn	X
Nicole Taylor, MD Cindy Butterfield, DCF	X	Nicolangelo Scibelli	X	Cassandra Murphy	
Sharonda Carlos, DOC	X	Patricia Checko	X	Ken Ferrucci	
Vanessa Hinton, DPH	X	Kimberly Martone, OHS	X	Pareesa Charmchi Goodwin	X
Dennis C. Mitchell, DDS	X	William Petit, MD	X	Dr. Susan Israel	X
Mark Raymond, CIO	X	Jeanette DeJesus	X	Mark Gildea (HHC Health/ Speaker Ritter's designee)	X
Sandra Czunas, OSC	X	Robert Blundo, AHCT			
Supporting Leadership					
Jessica Guite, OHS	X	Carol Robinson, CedarBridge	X	Vatsala Pathy, CedarBridge	X
Amy Tibor, OHS	X	Pete Robinson, CedarBridge	X	Tom Agresta, UConn	
Jeannina Thompson, OHS	X	Jamal Furqan, CedarBridge	X		
Other Participants					
Sean Jeffrey, MRPC Co-Chair	X	Nitu Kashyap, MRPC Co-Chair	X		
Agenda					
	Topic	Responsible Party		Time	
1.	Welcome and Call to Order	Dr. Joe Quaranta (Co-Chair)		1:00 PM	
	The regularly scheduled meeting of the Health Information Technology Advisory Council was held on Thursday, November 18, 2021, by webinar. Dr. Quaranta welcomed council members and called the meeting to order at 1:00 p.m.				
2.	Introduction of the new OHS HITO: Sumit Sajnani	Kim Martone, OHS Deputy Director & Chief of Staff		1:02 PM	
	<p>Kim Martone announced that Sumit Sajnani has been hired to serve as the new Health Information Technology Officer.</p> <ul style="list-style-type: none"> Ms. Martone welcomed and introduced Sumit Sajnani. Ms. Martone stated that Mr. Sajnani will chair several committees and commissions focused on health IT and he will chair the board of directors of the statewide Health Information Exchange, Connie. Ms. Martone briefly described Mr. Sajnani's professional background, and some of his additional responsibilities as the HITO. Ms. Martone welcomed Amy Tibor as the new Consumer Information Representative for OHS's HIT team. 				

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	<p>Mr. Sajnani thanked Ms. Martone and an introduced himself to the Council and announced that he hopes to meet with members individually to learn how he assist with the work of the group. Mr. Sajnani announced that the orchestration of meetings will change very little and that Dr. Quaranta will continue to chair the meetings with Mr. Sajnani chairing in his absence.</p> <p>Dr. Quaranta welcomed Dr. Nicole Taylor as a new member of the Council representing DCF in place of Cindy Butterfield. Dr. Taylor introduced herself.</p>		
3.	Public Comment	Attendees	1:10 PM
	There was no public comment.		
4.	Review and Approval of Minutes October 21, 2021	Council Members	
	The review and approval of the meeting minutes was postponed to later in the meeting.		
5.	Connie: Update – Q&A/Discussion	Jenn Searls, Executive Director, Connie	1:15 PM
	<p>Jenn Searls, of Connie, provided a brief update regarding Connie.</p> <p>Highlights of Ms. Searls presentation-update included:</p> <ul style="list-style-type: none"> ▪ An update regarding the Connie Board of Directors membership and Connie staffing. Ms. Searles announced that the Board is now fully appointed and announced the appointment of Jose Crespo by the Office of the Governor. Ms. Searls announced the hiring of Amanda Stevens as a program assistant who will support the account management team. ▪ An update regarding onboarding and connectivity. Steady progress is being made towards onboarding provider organizations, especially hospital partners in health systems to help meet the May 2022 deadline for connectivity. Ms. Searls provided a brief update regarding the current state of connectivity. Ms. Searls thanked all technology partners from both the provider organizations, as well as the technology vendor for their engagement and work. Ms. Searls announced that the account management team has begun a monthly webinar series for providers and organizations interested in onboarding. The webinars have proven beneficial and will continue. ▪ A brief discussion regarding the transitioning of the Best Possible Medication History (BPMH) developed by the MRPC, to Connie. Ms. Searls stated that a stakeholder group is fleshing out how to operationalize the BPMH with Connie. ▪ Ms. Searls stated that a kickoff discussion was held with various organizations interested in bringing image exchange to Connie. Ms. Searls stated that UConn hosted a webinar recently during which the importance of image exchange for the State took place. Dr. Agresta or Ms. Searls will share a link to the recording with the Council members. ▪ Ms. Searls stated that Connie is working on a project with DSS to connect DSS' long-term services and supports providers to Connie. <p>Dr. Quaranta thanked Ms. Searls for the presentation. For more information on this presentation, please see the link below: https://ctvideo.ct.gov/ohs/GMT20211118-HITAC-Meeting-111821.mp4</p>		
	Review and Approval of Minutes October 21, 2021	Council Members	1:25 PM

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	<p>Amy Tibor administered the roll call at this time. It was determined that a quorum had been established.</p> <p>Dr. Quaranta asked for a motion to approve the October 21, 2021, Health IT Advisory Council meeting minutes. Mark Raymond created the motion. William Petit seconded. There was no discussion. The minutes were approved.</p>		
<p>6.</p>	<p>Medication Reconciliation and Polypharmacy Committee (MRPC) Final Report Presentation – Q&A/Discussion</p>	<p>Sean Jeffery & Nitu Kashyap, Co-Chairs of the MRPC</p>	<p>1:30 PM</p>
	<p>Mr. Jeffrey presented on the final report of the MRPC.</p> <p>Highlights from the presentation included:</p> <ul style="list-style-type: none"> • A brief introduction of the co-chairs of the MRPC, Dr. Sean Jeffery and Dr. Nitu Kashyap. • A high-level summary of the work of the MRPC, including 2021 accomplishments and the work that is transitioning on to Connie. • Mr. Jeffrey acknowledged the work of the MRPC members and support staff, and thanked the administrative team: Adrian Texidor of OHS, UConn Health and CedarBridge Group. • A brief overview of the five charter goals set forth for the MRPC in 2019 and the respective achievements for each goal. Dr. Kashyap stated that since the goals were set, the landscape has changed and the committee evolved, but the basic construct of the needs for MR&P as an important step for patient safety remained unchanged. Dr. Kashyap expressed thanks to the MRPC members and the collaborative effort across multiple stakeholders. Dr. Kashyap stated that the goals are in no particular order. <ul style="list-style-type: none"> ▪ Goal 1 – develop strategic approach for the creation of a BPMH ▪ Goal 2 – create an online director of medication reconciliation tools. ▪ Goal 3 – Serve as a resource to OHS, Health Information Alliance, Inc. ▪ Goal 4 – Develop an implementation plan for deprescribing transaction standards, including CancelRx. ▪ Goal 5 – Support IAPD and SUPPORT Act initiatives <p>Dr. Kaye asked a question regarding outreach to pharmacy’s as relates to goal #4. Dr. Jeffrey stated that the MRPC had representation from one of the large chain pharmacies and also by one of the State’s large E-prescribing vendors. Upon an inquiry made by Dr. Petit, a brief discussion took place regarding the electronic process around discontinued medications.</p> <ul style="list-style-type: none"> • An overview and description of the BPMH user interface work performed in 2021. <ul style="list-style-type: none"> ○ Wireframe mockups of what an interface of BPMH could look like to both clinicians and patients was developed by UConn School of Engineering and Computer Science students, and a series of focus groups consisting of >70 individuals with broad representation conducted. ○ Dr. Jeffrey provided a brief overview of the key recommendations that derived from the study, the key recommendations being: <ul style="list-style-type: none"> ▪ Visualization ▪ Data Privacy ▪ Patient Autonomy ▪ Data Provenance ▪ Interoperability 		

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	<ul style="list-style-type: none"> ▪ Platform Expansion • Dr. Kashyap briefly discussed accomplishments achieved around data sources before turning the meeting over to Mr. Robinson for further presentation. <p>Dr. Q thanked Dr. Jeffery and Dr. Kashyap for their presentation. More information on the MRPC presentation can be found here: https://ctvideo.ct.gov/ohs/GMT20211118-HITAC-Meeting-111821.mp4</p>		
7.	Research on Sources for Medication Fill Data for Connie Medication Reconciliation Use Case	Pete Robinson, Senior Consultant, CedarBridge Group	1:45 PM
	<p>Pete Robinson of the CedarBridge Group presented Research on Sources for Medication Fill Data for Connie Medication Reconciliation Use Case.</p> <p>Highlights of the presentation included:</p> <ul style="list-style-type: none"> ▪ A brief overview of potential sources for medication data and use cases such as medication history, chronic disease management and Medication Therapy Management (MTM), and population health. ▪ An overview of potential barriers to building a comprehensive medication database and obtaining medication data, and a description of the some of the root causes of the barriers. ▪ A use case example from the Michigan Health Information Network (MiHIN) showing a process flow in which medication reconciliation is tied to a discharge event. ▪ An overview of the key findings of the environmental scan by category: Standards & terminologies and policy implications. Mr. Robinson described Nebraska’s PDMP as the first and only (as of 2021) PDMP to collect <i>all</i> prescriptions data including drugs that are not DEA controlled substances. Mr. Robinson described key takeaways of the Nebraska PDMP which included strong data governance, and legislative safeguards established to achieve stakeholder buy-in. ▪ A visual of PDMP’s across the country showing broad variances among how programs are administered across the states. <p>Dr. Kaye asked a question about the mechanism used and circumstances which enabled Nebraska to collect all prescriptions data. Mr. Robinson stated all 50 states presently require reporting of DEA controlled substances to the PDMP; Nebraska expanded this to include all prescriptions through legislation. Dr. Kashyap commented that one of the key findings of the MRPC as legislative mandates or other facilitating functions are considered, is to keep in mind how the data and technologies will be used; making sure the groundwork is strong and that it enables us going forward.</p> <p>Upon an inquiry by Mr. Raymond regarding the experience of Nebraska regarding data security and privacy, Mr. Jeffery described a takeaway from the MRPC’s user interface study. The study initially revealed concerns mostly by patients, he commented that confidence would need to be given to the end user that their data is secure. Mr. Robinson commented that Nebraska enacted legislation that required law enforcement to obtain a judicial warrant based on probable cause to obtain access to the PDMP, in response to facing legislative opposition.</p> <p>Dr. Quaranta thanked CedarBridge for their presentation. For more information on this presentation, please see the link below. https://ctvideo.ct.gov/ohs/GMT20211118-HITAC-Meeting-111821.mp4</p>		
8.	Approval: First Read of MRPC Report	Council Members	2:00 PM

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	<p>Dr. Quaranta requested a motion to approve the first review and submission of the Medication Reconciliation and Polypharmacy Committee final report. Mark Raymond made the motion. William Petit seconded. There was no discussion. The motion passed.</p> <p>Mr. Quaranta stated that the Council will finalize their review at the December meeting.</p>		
<p>9.</p>	<p>Presentation Discussion of the Draft 5-year Statewide Health IT Plan Report</p>	<p>Vatsala Kapur, Senior Director; Jamal Furqan, Senior Consultant; Carol Robinson, CEO CedarBridge Group</p>	<p>2:05 PM</p>
<p>Mr. Quaranta introduced CedarBridge Group to present the draft 5-Year Statewide Health IT Plan.</p> <p>Jamal Furqan presented on the stakeholder engagement which informed the development of the HIT Plan. Highlights of Mr. Furqan’s presentation included:</p> <ul style="list-style-type: none"> • A brief overview of the HIT Plan imperatives. • A process and timeline for the development of the Plan. • A brief description of the outcome of the environmental scan conducted: stakeholder input was received by over 1,200 CT residents and organizations through a variety of inputs • A breakdown of stakeholder participation across sectors. • The outcome of the public comment period and feedback received on the draft recommendations: 145 comments were received from 38 stakeholders during several webinars, a public comment period, and HITAC, workgroup meetings and meetings with several state agencies. <p>Vatsala Pathy provided a detailed presentation on 3 of the 6 goals that culminated out of the work of the stakeholder engagement which provided key considerations for legislators, key considerations for agency leaders, various recommendations, and success metrics, for each goal. Members provided feedback in between each goal presentation.</p> <ul style="list-style-type: none"> ○ Goal 1: Sustain and increase use of statewide HIE services. <p>A discussion regarding use of the term “goal” within the HIT Plan took place. Ms. Pathy indicated consideration can be given to using other terms and invited input on this. A brief discussion ensued.</p> <ul style="list-style-type: none"> ○ Goal 2: Implement systems to improve health equity and address health-related social needs <p>Mr. Raymond made a comment regarding the importance of carefully communicating within the Plan about the adoption of technology.</p> <ul style="list-style-type: none"> ○ Goal 3: Improve service coordination and data sharing across state HHS agencies. <p>Dr. Checko commented about the need for an understanding and authorization between agencies to share certain data between agencies. Mr. Raymond commented on the importance of considering time, the value, and the cost of implementing certain recommendations within the Plan, providing the recommendation to establish several workgroups as an example.</p> <p>Carol Robinson presented on goals #4-5 of the HIT Plan providing key considerations for legislators, key considerations for agency leaders, recommendations, and success metrics, for each. Members provided feedback in between each goal presentation.</p>			

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	<ul style="list-style-type: none"> ○ Goal 4: Support behavioral health providers with the adoption of HER and HIE services. Dr. Checko commented on whether the state will be in a position to collect behavioral health data and the level of support by behavioral health providers in doing so. Dr. Kaye commented regarding how to communicate the goals of the HIT Plan versus considerations being made. Mr. Sajnani stated that the document can be viewed as a strategic agenda over the next five years with a lot to be considered in terms of prioritization, resources, funding, and so forth. The Plan would be socialized across stakeholders including the agencies being impacted by it, if the HITAC is in agreement with the initial plan. With the support and approval of the HITAC, the Plan would be further fleshed out, plans developed, and considerations made regarding its implementation. ○ Goal 5: Protect patient and families’ health information privacy. Ms. Robinson emphasized in her presentation that privacy concerns and consent processes are a very high priority in Connecticut; these priorities will continue to be part of the HIT plan framework. ○ Goal 6: Establish electronic data standards to facilitate development of integrated electronic health information systems. <p>Ms. Robinson concluded her presentation. Mr. Sajnani indicated that the goal of the meeting was to provide an opening presentation to members to ensure important components are included in the plan, and to gain initial feedback. Mr. Sajnani welcomed and invited feedback on the plan from the Council to ensure the scope of what is being considered is correct, and it will then be developed into a five-year plan which including year-by-year priorities, timeframes, deliverables, and success criteria.</p> <p>Dr. Kaye requested a motion that the term “goals” be changed to “considerations in the implementation”. Ms. Robinson asked if it the plan could be refocused better in terms of focus areas and initiatives with broad goals being behind these initiatives, to provide clarity. Dr. Kaye stated he agreed with the broad strokes of her suggestion. Conversation ensued.</p>		
9.	Announcements & General Discussion	Dr. Joe Quaranta, Council Members	2:55 PM
	Dr. Quaranta encouraged the Council members to share their feedback which would then be gathered and shared collectively among members and made part of the public record.		
10.	Wrap up and Meeting Adjournment	Dr. Joe Quaranta	3:00 PM
	Dr. Quaranta requested a motion to adjourn the meeting. The motion was made by Mr. Raymond, and the meeting adjourned at 3:02 p.m.		

Upcoming Meeting Dates: December 16, 2021

Meeting information is located at: <https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT- Advisory-Council>