

Health Information Technology Advisory Council Charter for the HIE Sustainability Support Workgroup (HIE-SSW)

Draft for Consideration by the Council on February 17, 2022

Article 1: Authority to Establish and Name a Workgroup

Section 1: The Health Information Technology Advisory Council (Council) was established by Connecticut General Statutes (CGS) Section 17b-59f to advise the Executive Director of the Office of Health Strategy (OHS) and the Health Information Technology Officer (HITO) on priorities and policy recommendations to advance the state's health information technology (health IT) and health information exchange (HIE). The Council set forth in its Charter (Article 5, Section 3) the authority to form standing and/or limited duration workgroups to deliberate and provide recommendations to the Council on topics of specific concern or interest. In accordance with the Statewide Health Information Technology (IT) Plan, the Council authorized formation of the **Health Information Exchange Sustainability Support Workgroup (HIE-SSW)**.

Article 2: Background, Purpose, and Process

Section 1, Background: The Health IT Advisory Council is dedicated to ensuring statewide HIE services are available to patients, providers of all types of care, state and local health agencies, and other types of organizations offering services related to an individual's health and well-being, over time. The value of the HIE services Connie offers in Connecticut will grow exponentially with the number of participants and the data available through the services, but the value for using HIE services will never accrue equally for the many types of participants/users of Connie's services. Value is already being seen by individuals, as Connie's participant list grows, and data is made available for point-of-care decisions. Value at a system level will take longer to accrue, which is why the sustainability of state and regional HIEs has been of concern in many parts of the country. There is strong confidence and support across Connecticut for Connie, and the organization is demonstrating rapid growth of participants in its first year offering technical services. With the state's mandate for hospitals and most providers to become Connie participants, the value of the significant public investment made to establish Connie will be realized more quickly than has been the case for many other HIEs across the United States.

Given Connie was created and began development closer to the expiration of the HITECH ACT it was unable to capture much of the generous federal funding given to states to support HIE implementation before the program closed out on September 30, 2021. This has compressed the timeline for Connie to achieve financial sustainability compared to other statewide HIE entities. As participants enroll with Connie, they expect secure, dependable, industry-standard information exchange services, with sufficient operational and technical resources to meet their business and clinical needs. Connie needs to connect organizations at a rapid pace and keep its participants satisfied. Near-term and long-term funding strategies are needed to guarantee stability of Connie's operations.

As the state's designated HIE entity, Connie must support all mandated healthcare providers with meeting legislative requirements for participation. Connie must also provide access for all individuals in the state to their own health data, as Connecticut's enabling HIE legislation requires.

While financial sustainability of Connie is a matter of importance to everyone in the state, Connie's Board of Directors holds fiduciary responsibility for this public nonprofit organization. The HITO serves as Chair of Connie's Board of Directors and Co-Chair of the Council. According to CGS 17b-59g(e) HITO may set fees charged to persons or entities for access to or interaction with the statewide HIE aka participation fee. The HITO is requesting recommendations from Council pertaining to the participation fee outlined above.

Section 2, Purpose: With the background described above, the Council is chartering the HIE Sustainability Support Workgroup (HIE-SSW) to support the Office of Health Strategy, and Connecticut's Health Information Technology Officer (HITO). The purpose of the workgroup will be to review, consider, and provide recommendations to the Council and the HITO on questions around the feasibility of the participation fee. The process for evaluating the funding option of a participation fee is outlined in the draft workplan at the end of this document. The goal for the HIE-SSW is to provide recommendations to the Council and the HITO on potential participation fees for FFY 2023 -2025 at the Advisory Council's meeting on April 21, 2022.

Section 3, Process: The HIE-SSW will meet on a weekly cadence, with four to six meetings expected to achieve the workgroup's purpose. After approximately three meetings to develop shared understandings among workgroup members on various funding mechanisms for HIE entities and on different HIE participant fee structures, the

group through a straw vote will consider the question of whether the HITO should or should not set participation fee for federal fiscal years 2023 or 2024.

Further meeting discussions of the HIE-SSW will be predicated on the likelihood of a consensus recommendation to the question of participation fees for FFY 2023 and/or FFY 2024. If a consensus on this issue is unlikely to be reached by the workgroup, based on the straw vote tally and subsequent discussion of the group, other funding options and transparent planning requirements for those may be discussed. The goal for the HIE-SSW is to provide recommendations to the Council and the HITO on potential participation fees for FFY 2023 and/or FFY 2024 at the Advisory Council's meeting on April 21, 2022.

Article 3: Membership

Section 1, Members: The Health IT Advisory Council's Co-Chairs will make appointments of between 10-12 individuals who are representative of specific constituencies, including:

1. Independent practice providers;
 - a. Primary care
 - b. Specialty care
 - c. Supportive care (behavioral health, oral health)
2. Hospitals and Health Systems;
 - a. Acute Care Hospitals and Health Systems
 - b. Community Hospitals
3. Health Plans;
4. Clinical/reference labs;
5. Pharmacies;
6. Purchasers (employers, Taft-Hartley plans/labor unions);
7. Safety-net clinics (Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and tribal health)
8. Department of Social Services;
9. Department of Public Health;
10. Others, at the Co-Chairs' discretion

Section 2, Term of Membership: Membership on the HIE-SSW shall be for a three-month timeframe, unless extended by a vote of the workgroup membership and approval by the Health IT Advisory Council.

Section 3, Attendance: Members of the HIE-SSW will commit to regular attendance of meetings. HIE-SSW members will inform the Chair if they need to be absent from a meeting. To ensure ongoing representation of stakeholder domains, the Council Co-Chairs will request the resignation of any member of the HIE-SSW who becomes unable to attend meetings on a regular basis, so another person from the represented sector can be appointed.

Article 4: Role of Workgroup Chair

Section 1, Chair Appointment: The Chair of the HIE-SSW shall be appointed by the Co-Chairs of the Council.

Section 2, Duties of Chair: The Chair of the HIE-SSW shall preside at all meetings of the workgroup, will ensure appropriate representation and subject matter expertise, and will provide guidance and content review to staff and contractors supporting the workgroup. A representative from the HIE-SSW will be selected by the Chair of the HIE-SSW to assume responsibilities of the Chair, in the event of the Chair's absence from any workgroup meeting.

Article 5: Project Management

OHS, with support through the engagement of professionals with required experience, will develop meeting agendas and materials, conduct research and analysis, and provide meeting facilitation for the HIE-SSW. A project schedule will be maintained, and meeting minutes will be posted in draft form to the OHS web site within seven calendar days of each of the HIE-SSW meetings. Minutes shall be deemed final by majority vote of a quorum of HIE-SSW members at a subsequent meeting and approved minutes will be posted to the OHS web site within seven calendar days of the workgroup's approval.

Article 6: Meetings and Operating Procedures

The HIE-SSW will convene through virtual meeting technology for the number of meetings required to review, consider, and develop recommendations for the Council and the HITO on the questions listed in Article 2. The meeting schedule and frequency will be determined by the Chair, with an expected kick-off of the HIE-SSW in early March 2022.

Meetings will be governed by Robert's Rules of Order, Abbreviated. A majority of the members of the Council shall constitute a quorum. Action on agenda items may be taken by no less than a majority of a quorum.

All meeting notification information will be published on the Connecticut Public Notice web site and on the OHS web site. Meeting changes will be sent by email to members no later than 9 AM on the day of the scheduled meeting.

Members of the HIE-SSW are expected to be active participants in meetings, and to be prepared for meetings by reviewing materials in advance.

Article 7: Records, Governance and Public Comment

Please refer to the Health IT Advisory Council’s Charter for requirements related to records maintenance, governance, and public comment. The HIE-SSW will adhere to all requirements, policies, and laws set by the State of Connecticut and the Council.

Draft Workplan for HIE-SSW

The Workgroup meeting dates are examples of a weekly cadence. The dates for the Council meetings are final, but other meeting dates should not be considered as proposed or final. The Chair of the HIE-SSW may adjust the workplan.

Meeting Topics	Approximate Meeting Dates
<p>Meeting 1—Orient to the Problem and Proposed Process to Address it</p> <ul style="list-style-type: none"> • Welcome and Introductions • Context and Objectives <ul style="list-style-type: none"> ○ Review statute language granting the HITO authority to set participation fees (but not requiring fees to be set) • Review of Workgroup Charter and Criteria <ul style="list-style-type: none"> ○ Discuss criteria (i.e., fair, equitable, easy to collect, and avoidance of unintended consequences to any participant category) • Previous, Current, Projected Breakdown of Connie’s Funding <ul style="list-style-type: none"> ○ 2021 ○ 2022 • Connie Presentation <ul style="list-style-type: none"> ○ Connie’s Board of Director-Approved Sustainability Plan ○ Review Connie’s currently connected entities • Next Steps 	<p>March 4, 2022</p>
<p>Meeting 2—Level Understandings</p> <ul style="list-style-type: none"> • How are other statewide HIEs funded? • How does the value of HIEs accrue? • Trusted Exchange Framework and Common Agreement (TEFCA), opportunities and threats to HIE sustainability around the country • Deeper dive on Connie budget (current and projected) • Connie’s future value proposition 	<p>March 11, 2022</p>

<ul style="list-style-type: none"> Elicit feedback on subset of models presented for focused consideration in advance of Meeting 3 	
Present Progress Update to Health IT Advisory Council	March 17, 2022
Meeting 3 – Consider, Evaluate, Discuss, Straw Vote <ul style="list-style-type: none"> Present and evaluate approximately three straw models for structuring participation fees Discuss pros and cons of each of the straw models in reference to criteria laid out in Meeting 1 Workgroup straw vote on the question: <ul style="list-style-type: none"> “Should the HITO set participation fees for any of Connie’s participants for FFY 2023 and/or FFY 2024?” 	March 25, 2022
Meeting 4 - Moving Forward or Recalibrating -- TBD by Workgroup	April 1, 2022
Meeting 5 – TBD by Workgroup	April 8, 2022
Meeting 6 -- TBD by Workgroup	April 15, 2022
Present Recommendations and Analysis to the Health IT Advisory Council	April 21, 2022

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