



## Health Information Technology Advisory Council Meeting Minutes

Meeting Date	Meeting Time	Location
March 17, 2022	1:00 pm – 3:00 pm	<a href="#">Zoom Meeting Recording</a>

Participant Name and Attendance   Council Members					
Joseph Quaranta (Co-Chair)	R	Sandra Czunus, OSC	R	Robert Blundo, AHCT	X
Sumit Sajnani, OHS HITO (Co-Chair)	R	Ted Doolittle, OHA	X	Lisa Stump	X
Joe Stanford, DSS	R	Kelly Sinko Steuber, OHS	R	Patrick Charmel	X
Elizabeth Taylor, DMHAS	R	Robert Rioux	X	Alan Kaye, MD	R
Nicole Taylor, MD, DCF	R	David Fusco	X	Dina Berlyn	R
Sharonda Carlos, DOC	R	Nicolangelo Scibelli	X	Cassandra Murphy	R
Vanessa Hinton, DPH	X	Patricia Checko	R	Pareesa Charmchi Goodwin	R
Dennis C. Mitchell, DDS	R	William Petit, MD	X	Dr. Susan Israel	R
Mark Raymond, CIO	R	Jeanette DeJesus	X	Mark Gildea	R

Supporting Leadership & Other Participants					
Jessica Guite, OHS	R	Amy Tibor, OHS	R	Jennifer Searls, Connie	R
Olga Armah	R		R = Attended Remotely; IP = In Person		

Agenda			
	Topic	Responsible Party	Time
<b>1.</b>	<b>Welcome and Call to Order</b>	<b>Dr. Joe Quaranta (Co-Chair)</b>	<b>1:00 PM</b>
	The regularly scheduled meeting of the Health Information Technology Advisory Council was held virtually on Thursday, March 17, 2022. Dr. Quaranta welcomed council members and called the meeting to order at 1:02 p.m. Quorum was reached.		
<b>2.</b>	<b>Public Comment</b>	<b>Attendees</b>	<b>1:02 PM</b>
	No public comments were made.		
<b>3.</b>	<b><u>Council Action</u>: Approval of Minutes: February 17, 2022 Meeting</b>	<b>Council Members</b>	<b>1:03 PM</b>
	Dr. Quaranta requested a motion to amend the meeting agenda to reflect a correction to the date of the minutes to be approved, and for approval of the minutes of the February 17, 2022 meeting. Mark Raymond made the motion. Patricia Checko seconded. There was no discussion. The motion passed unanimously.		
<b>4.</b>	<b>Connie Update</b>	<b>Jenn Searls, Exec Dir., Connie</b>	<b>1:05 PM</b>
	<p>Ms. Searls provided an update on Connie activities. Key highlights included the following:</p> <ul style="list-style-type: none"> <li>• A progress update on hospital connectivity.</li> <li>• A technical kick-off has begun with iCare Health Network, a parent organization with 11 skilled nursing facilities throughout the state.</li> <li>• A progress update on the establishment of EMR hubs.</li> <li>• An update regarding the HIE admin tool that connects provisioned users to the Connie portal. The tool is being monitored to see how users are incorporating the portal into their daily workflow. Observations will be shared with future organizations using the tool.</li> </ul>		

	<ul style="list-style-type: none"> <li>• An update on services and use cases. Work is proceeding with the provider directory which is anticipated to go live in early April.</li> <li>• The Clinical Advisory Council has kicked off. Ten clinicians and subject matter experts will provide Connie with clinical insight and feedback on HIE utility use cases and value to ensure Connie is a useful tool for CT providers.</li> </ul> <p>Mr. Raymond and Dr. Kaye requested data be presented visually in future meetings. Dr. Kaye provided several examples of metrics to share that will demonstrate progress including: total number of patients and providers signed up, total patients opted out, patient files accessed by both providers and patients, records uploaded, and data found to be appropriate by the Executive Director and the Connie Board. Ms. Searls agreed to provide this data.</p> <p>Dr. Quaranta thanked Ms. Searls for her update.</p>		
<p><b>5.</b></p>	<p><b>2022 HITAC Strategic Plan Final Survey Outcome and 2022 Strategic Plan</b></p>	<p><b>Sumit Sajnani, OHS HITO &amp; Amy Tibor, OHS</b></p>	<p><b>1:12 PM</b></p>
	<p>Sumit Sajnani and Amy Tibor presented on the 2022 HITAC Strategic Plan Final Survey Outcome and 2022 Strategic Plan.</p> <p>Ms. Tibor provided an overview of the 2022 strategic plan survey. Ms. Tibor stated that council members were asked to provide guidance and feedback through a survey to inform the 2022 HITAC strategic agenda. Members were asked to select from 10 activities. Ms. Tibor briefly described the factors that informed the inclusion of the 10 activities in the survey. The survey opened in early February and closed on Feb 28, 2022. Ms. Tibor announced four priorities identified through the survey to begin in 2022 as follows:</p> <ul style="list-style-type: none"> <li>• Develop of an educational campaign for behavioral health providers and patients on the benefits and risks of health information exchange (HIE).</li> <li>• Establish a workgroup for technical interoperability of HHS data systems.</li> <li>• Develop a HITAC Standards Advisory Committee.</li> <li>• Evaluate how best to optimize Connie for public health data exchange.</li> </ul> <p>Ms. Tibor thanked members for their feedback and guidance. Ms. Tibor turned the presentation over to Mr. Sajnani to describe the 2022 strategic plan in greater detail.</p> <p>Mr. Sajnani provided a month-by-month overview of the 2022 strategic agenda. Mr. Sajnani stated that all key agenda items are subject to change or shift based on availability of resources. Some of the key highlights from the 2022 strategic plan include:</p> <ul style="list-style-type: none"> <li>• An initial roadmap of the Behavioral Health Education Campaign (target: April).</li> <li>• The Connie Board of Directors is establishing a Privacy, Confidentiality and Security Committee and HITAC will be asked for feedback and guidance on this endeavor (target: April).</li> <li>• Final HIE Sustainability Support Workgroup recommendations (target: May).</li> <li>• An update on legislative approval for funding the Race, Ethnicity and Language (REL) state initiative (target: May), and a progress update on the data standard implementation (target: August).</li> <li>• HITAC feedback regarding a broad public education campaign regarding Connie (target: June).</li> <li>• A status update on the Person-Centered Services Collaborative (PCSC) and the workgroup for technical interoperability of HHS agency data systems, which are viewed as a single initiative. Work is currently underway and agency leadership will be asked to commit resources towards this initiative. Interagency discussions have been held regarding data integration and shared services (target: July).</li> <li>• An initial discussion regarding plans for Connie utilization measures (target: August).</li> <li>• Acceptance of a HITAC Standards Advisory Committee charter (target: September).</li> </ul>		

	<ul style="list-style-type: none"> <li>• An update on the public health data exchange roadmap (target: October). Mr. Sajnani stated that the goal is to have one or two state agencies connected to Connie or working towards connectivity by this time. A discussion on Connie quality metrics related to this activity is targeted for November.</li> <li>• Annual updates to the statewide health IT plan and annual HIT report (November &amp; December respectively).</li> </ul> <p>Dr. Kaye inquired about coordinating the work within the plan in such a way to avoid overlooking the primary goal of connecting patients and providers across diverse systems. Mr. Sajnani stated that all efforts outlined within the plan are complementary or in addition to the statute. Mr. Sajnani described the plan as aspirational and stated that resources may be the biggest obstacle. The plan is subject to change, and priorities may shift depending on the time and effort required for each. Dr. Kaye stated that he is happy hear that the primary focus is on the statute.</p> <p>Dr. Quaranta thanked Mr. Sajnani and Ms. Tibor for their presentation.</p>		
<b>6.</b>	<b>All Payer Claims Database Update &amp; 2022 Strategic Objectives</b>	<b>Olga Armah, OHS</b>	<b>1:30 PM</b>
	<p>Ms. Armah presented on the APCD Update and 2022 Strategic Objectives.</p> <p>Highlights from the presentation included:</p> <ul style="list-style-type: none"> <li>• An overview of the composition of the APCD Advisory Group membership, role, and subgroups. The Advisory Group is a standing workgroup of the HITAC.</li> <li>• An overview of the circumstances in which OHS consults with the Advisory Group.</li> <li>• An overview of the statutory purpose of the APCD. The purpose includes providing information to: <ul style="list-style-type: none"> <li>○ healthcare consumers to aid health care related decision-making; and</li> <li>○ state agencies, insurers, employers, health care providers, consumers, researchers, and Access Health CT to review healthcare services utilization, costs, and quality, while protecting patient privacy.</li> </ul> </li> <li>• An overview of past, present, and future subgroups under the APCD Advisory Group. <ul style="list-style-type: none"> <li>○ The APCD Data Privacy &amp; Security Committee met for a fixed duration in 2019. The group is anticipated to reconvene in 2022 to review current privacy, security, and data release policies, and make recommendations.</li> <li>○ The APCD Data Release Committee is responsible for reviewing data request applications. Ms. Armah described the composition of the group noting two vacancies: an attorney who specializes in healthcare privacy and a physician.</li> </ul> </li> <li>• An overview of the 2022 APCD Advisory Group strategic objectives: <ul style="list-style-type: none"> <li>○ Establish an APCD Advisory Group charter</li> <li>○ Establish a Denied and Dental Claims Workgroup</li> <li>○ Develop a stakeholder engagement campaign to encourage self-insured employers to submit to CT-APCD</li> <li>○ Develop use case recommendations</li> <li>○ Review and approve updated APCD policies and procedures</li> </ul> </li> </ul> <p>Dr. Kaye asked a question about mandatory versus voluntary reporting of claims to the APCD and whether language in the ERISA would disallow self-insured plans to report. Ms. Armah stated that only self-insured plans are not required to report claims but can do so voluntarily; there is nothing in ERISA disallowing them to do so. Dr. Kaye inquired about any impediments that would impact the ability of self-insured plans to voluntarily report. Ms. Armah stated that some self-insured plans have indicated cost as a reason. Dr. Kaye discussed approaches to compel self-insured plans to report. Ms. Armah discussed a recommendation made by the State All Payer Claims Databases Advisory Committee (SAPCDAC) that all states adopt the National APCD Council common data layout which would reduce the reporting cost through uniformity and standardization.</p> <ul style="list-style-type: none"> <li>• An update on the data that currently exists within the CT-APCD.</li> </ul>		

	<p>Dr. Checko commented that only the state can use Medicare data, and no one can use Medicaid data without going through the Department of Social Services (DSS). Ms. Berlyn asked if it is possible for a patient to compare infusion costs between sites. Ms. Armah responded that this information can be requested and if available, provided at a cost. Dr. Checko inquired how the patient would make this request. Ms. Armah stated that it would be a Freedom of Information request.</p> <ul style="list-style-type: none"> <li>• A detailed overview of the data extracts provided to external entities through the APCD application process.</li> </ul> <p>Dr. Kaye inquired about revenue generation opportunities through the APCD and profit and loss. Ms. Armah indicated that a fee schedule exists; all funds go to the general fund. Brief conversation ensued.</p> <ul style="list-style-type: none"> <li>• A detailed overview of OHS and state-initiated projects supported by APCD data.</li> <li>• An update on a federal funding opportunity for state APCDs. Ms. Armah stated that OHS is managing the APCD without additional funding and limited analytic resources. The No Surprises Act grants \$2.5m over three years for states to establish or enhance APCDs to support market transparency efforts and research. No funds have been appropriated to date.</li> <li>• An overview of the composition of the SAPCDAC and recommendations made within an SAPCDAC report.</li> </ul>		
<b>7.</b>	<b>Health Information Exchange (HIE) Sustainability Support Workgroup (SSW) Update</b>	<b>Sumit Sajnani, OHS HITO</b>	<b>2:10 PM</b>
	<p>Mr. Sajnani relieved Dr. Quaranta as chairman for the duration of the meeting. Mr. Sajnani presented on the HIE-SSW update.</p> <p>Mr. Sajnani stated that the start of the HIE-SSW has been delayed. He outlined the current composition of the group and stated that OHS is collaborating with the Connecticut Hospital Association (CHA) to secure representation for hospitals and health systems. Through that collaboration, a question was raised regarding language around taxes and assessments through a settlement that had been previously reached between CHA and the State. Research is underway to determine whether the language would apply to the work of the HIE-SSW. Mr. Sajnani stated that the HIE-SSW will not convene until the question is resolved. Mr. Sajnani stated that a total of five seats remain open. Mr. Raymond suggested representation by OPM. Mr. Sajnani expressed support and will discuss the recommendation further with Dr. Quaranta.</p>		
<b>8.</b>	<b>Announcements &amp; General Discussion</b>	<b>Sumit Sajnani, OHS HITO</b>	<b>2:25 PM</b>
	<p>Mr. Sajnani opened the floor for announcements.</p> <p>Mr. Sajnani announced the departure of Jessica Guite who has been supporting the HITAC and expressed thanks for all of Ms. Guite’s effort.</p>		
<b>9.</b>	<b><u>Council Action</u>: Wrap Up and Meeting Adjournment</b>	<b>Sumit Sajnani, OHS HITO &amp; Members</b>	<b>2:30 PM</b>
	<p>Mr. Sajnani requested a motion to adjourn the meeting. The motion was made by Mark Raymond and seconded by Dr. Nicole Taylor. The meeting adjourned at 2:27 p.m.</p>		

**Upcoming Meeting Dates: April 21, 2022**

**All meeting information and materials are published on the OHS website located at:**  
<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>