



Health Information Technology Advisory Council
Meeting Minutes
December 15, 2022

Meeting Date	Meeting Time	Location
December 15, 2022	1:00 pm – 3:00 pm	Zoom Meeting Recording

Members

Joseph Quaranta (Co-Chair)	R	Josh Scalora, DDS	R	Lisa Stump	R
Sumit Sajnani, OHS HITO (Co-Chair)	R	Josh Wojcik, OSC (Sandra Czunas)	R	Patrick Charmel	R
Gui Woolston, DSS	X	Ted Doolittle, OHA	R	Dr. Alan Kaye	R
Elizabeth Taylor, DMHAS	R	Kelly Sinko Steuber, OHS (Krista Moore)	R	Dina Berlyn	R
Nicole Taylor, MD, DCF	R	David Fusco	R	Cassandra Murphy	R
Sharonda Carlos, DOC	X	Nicolangelo Scibelli	X	Dr. Susan Israel	R
Dennis C. Mitchell, DPH	R	Dr. Patricia Checko	R	Mark Gildea	R
Mark Raymond, CIO	R	Dr. William Petit	R	Rebecca McLearn, AHCT	R

Supporting Leadership & Other Participants

Amy Tibor, OHS	R	Olga Armah, OHS	R	Michelle Puhlick, Connie	R
Jeannina Thompson, OHS	R	Jenn Searls, Connie	R	Rachel Oziel & Cindy Abello, CommunicateHealth (CH)	R

R = Attended Remotely; IP = In Person

Agenda

	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Sumit Sajnani, Co-Chair	1:03 PM
	The regularly scheduled meeting of the Health Information Technology Advisory Council was held virtually on Thursday, December 15, 2022. Sumit Sajnani welcomed council members and called the meeting to order at 1:03 p.m. Upon roll call, it was determined a quorum was present.		
2.	Public Comment	Sumit Sajnani	1:04 PM
	No public comments were made.		
3.	Council Action: Approval of Minutes: October 20, 2022	Sumit Sajnani & members	1:05 PM
	Mr. Sajnani requested a motion to approve the minutes of the October 20, 2022 as amended. The motion was made by Mark Raymond and seconded by Nicole Taylor. The minutes were unanimously approved.		
4.	Council Action: Review and Approve 2023 Regular Meeting Schedule	Sumit Sajnani & members	1:06 PM
	Mr. Sajnani requested a motion to approve the 2023 regular meeting schedule. The motion was made by Lisa Stump and seconded by Mark Raymond. The 2023 schedule was unanimously approved.		
5.	Connie Standing Update	Jenn Searls, Exec Dir., Connie	1:08 AM
	Ms. Searls presented a progress update on key Connie activities; highlights included: <ul style="list-style-type: none"> A status update on hospital connectivity. 		

	<ul style="list-style-type: none"> • Onboarding highlights: <ul style="list-style-type: none"> ○ More than 300 data feeds now coming into Connie, and account management team working to obtain data sharing agreements and commitment-to-connect forms in anticipation of May 2023 statutory deadline for all healthcare providers to connect. • Slight dip in data coming into Connie in November, as well as in queries from the portal and in-context app, possibly due to seasonality. Will monitor seasonality over time. • Sponsored and presented at the MGMA Best Practices Symposium. • Participated in the Leading Age conference. • Will be presenting at the National Association of Social Workers – Connecticut Chapter. <p>The floor was opened for questions. Dina Berlyn inquired about the status of a patient portal. Ms. Searls responded that Connie has been working with a vendor on an app-based tool for patient access. Internal meetings are planned to identify a revised approach to connecting consumers; the consumer engagement and outreach work currently underway will also help determine a best mechanism. Ms. Searls noted that many consumers Connie has engaged with have wanted a solution to not have multiple portals. Work is underway to determine what makes sense in terms of the development of a tool that consumers want to use and can use. More on this will be reported in the future.</p> <p>Dr. Susan Israel inquired in the chat room whether social workers see the full medical record of the patient or the CCDs. Ms. Searls responded that social workers will have access to the Connie portal, including CCDs depending on their level of access to records, their organization and organization type, and the treatment relationship with patients. Ms. Searls described the portal as having several tables in which a variety of information including medication management, clinical records, structured documents, and encounters, is displayed depending on how the data is being submitted.</p>		
6.	Connie Consumer Outreach Engagement	Rachel Oziel & Cindy Abello CommunicateHealth	1:30 PM
	<p>Mr. Sajnani noted that consumer outreach is a critical topic and identified as a priority, and that the presentation is critical. Michelle Puhlick introduced CommunicateHealth (CH) as the organization selected to support the consumer outreach engagement for Connie. CH is an outreach and communications firm whose focus is on designing easy to understand and use health information.</p> <p>Ms. Puhlick introduced Rachel Oziel and Cindy Abello to present on the status of the engagement to date; key highlights from the presentation included:</p> <ul style="list-style-type: none"> • Project overview: Connie is working with CH to develop a patient-centered communication outreach plan, with a goal of educating patients about what Connie is, the benefits of Connie, the choices that patients have, and building patients’ trust. • Overview of initial findings from an environmental scan that remains in progress and which includes a scan of communication materials from other HIEs, published literature about patient preferences, patient concerns about HIEs and HIE engagement overall/nationwide, and a review of other state’s communication strategies. The scan will inform future focus group discussions with patients and an in-depth interview with healthcare providers, staff, and others, as well as considerations for the communication plan. <p>Dr. Petit commented about the importance of messaging up front and clearly to patients regarding who has access to their records. Ms. Abello that level of access and who has a record of access is a feature that has been found in the researched literature, and the hope is to use this information informatively to see if it also aligns with what CT patients will want to see in an HIE. Dr. Petit commented further on educating and messaging what the consumer is signing up for, including the benefits of signing up, and who has access, remarking that this is a critical issue.</p>		

	<ul style="list-style-type: none"> An overview of next steps. Formative research and message testing is in progress; following testing, CH will make recommendations to refine messages, build out additional messages including provider talking points, and provide a communication strategy based on findings. HITAC members are welcome to participate in a focus group to provide feedback on messaging. HITAC members should also share any organizations or groups recommended to provided feedback. <p>Ms. Puhlick summarized the presentation objectives and offered further detail on next steps.</p> <ul style="list-style-type: none"> Formative research and message testing activities will include actively engaging CT residents, gathering feedback on messages, and input about what the needs and interests and concerns are for CT consumers. HITAC members are invited to participate in focus groups, and to also provide any recommendations to help ensure Connie is getting as much input as possible. A communication plan and materials, including associated metrics will be developed. Ms. Puhlick commented that a priority as part of this work is to continually receive input and engage with consumers, and Connie is seeking input from HITAC to make sure feedback is ongoing, and that Connie is actively updating and adapting accordingly as the organization grows and as questions emerge and needs change. <p>Dr. Israel inquired whether patients will be told they can opt out before their record is sent to Connie. Ms. Puhlick stated that the communications will certainly give patients information about their options in terms of opting out. Ms. Puhlick commented that CT’s policy is that patient data is included because it is part of a care team relationship but they do have the option to opt out.</p>		
<p>7.</p>	<p>HITAC Strategic Planning Activities</p>	<p>Sumit Sajnani, Amy Tibor & Olga Armah, OHS</p>	<p>2:05 PM</p>
	<p>Mr. Sajnani and Amy Tibor presented on HITAC strategic planning activities; key highlights included:</p> <ul style="list-style-type: none"> In early 2022, HITAC identified four priorities within the five-year statewide plan to begin in 2022. A status update on each of the activities identified in four major areas as identified below: <ul style="list-style-type: none"> Improving service coordination and data sharing across state HHS agencies. <ul style="list-style-type: none"> This activity was centered around the Person Centered Services Collaborative identified in the five year plan. Three interagency sessions were held earlier in the year in which multiple initiatives were presented as possible pilot programs to achieve a 360 view of patients between HHS agencies, including a presentation by Connie. Discussions were held to identify clear use cases. In 2023 we are going to try to pursue this further. Establishing electronic data standards. <ul style="list-style-type: none"> Mr. Sajnani commented that the data standards for Race, Ethnicity and Language (REL) were presented to HITAC before being published; he is open to feedback whether this approach would make sense going forward or whether to establish a HITAC Data Standards Advisory Committee in 2023 which would be charged with consistently looking at opportunities for data standardization in the HIT space. Sustaining and increasing use of the HIE. <ul style="list-style-type: none"> A strategic plan for Connie is in development. Mr. Sajnani commented that both the Connie Board, who has primary responsibility on sustaining Connie, and HITAC as an advisory board, play a critical role in sustaining Connie. Mr. Sajnani made a point of clarification later in the meeting stating that whereas the participation fee was pulled back earlier in the year, Connie has a financial plan, a complete budget for the federal fiscal year, and associated funding. Mr. Sajnani commented that whereas a sustainability plan is in place, it is not one and done, and will need periodic review, along with Connie’s goals, which the Connie board is undertaking. 		

- Supporting behavioral health providers in adoption of EHR and HIE.
 - Ms. Tibor provided a background overview of the project and stated that internal and external stakeholder engagement is ongoing. Information sessions were held in October and November and listening sessions with specific provider associations are occurring in January. A listening session with the Connecticut Psychological Association and the Connecticut Association for Marriage and Family Therapists is confirmed.
- An overview of the process for prioritizing activities to begin in 2023. Similar to 2022, it will include a survey and the goal is to distribute this to members in early January and shared the results during the Jan 19 HITAC meeting.

Mr. Raymond commented on the concept of establishing a HITAC standards subcommittee, stating that standards are important and also difficult, there are groups at the national level that do work on standards. The more the committee can work more closely to the national level work, and not just creating interoperability in CT but with the rest of the country and the world. Any effort should be largely based on broader standards, and be very careful about creating things independently. Mr. Raymond also commented on the importance of making sure those practitioners implicated in the standards are included in the planning process, stating that HITAC as it is currently constructed may not have enough of these different practitioners to be able to construct it as a subcommittee. Mr. Sajnani replied that external subject matter experts at a local or national level would be needed to support the work. The two key standards developed by CT recently were less difficult since they had associated statutes. Greater activity and engagement from SMEs would be needed for future work and ensuring synchronicity with other national standards or other bodies implementing standards.

Ms. Armah presented an All-Payer Claims Database (APCD) progress report on the strategic objectives for APCD in 2022 and an overview of the strategic planning process for 2023 and beyond.

- A progress update on the status of the five strategic goals that had been identified for 2022.
- An update on the kind of data available in the APCD and years available
- An overview of the data extracts that have been made to parties external to the state government.
- An overview of the OHS & state initiated projects that have been supported by the APCD.
- An update on a federal funding opportunity had been reported to HITAC earlier in the year; there is no new information to report, however OHS received the APCD without additional funding an analytic resources, on this basis OHS is requesting additional resources in the next budget cycle and hope that will be approved because we're showing that we're actually using the data and other state are using the data, so it will be very helpful to have more resources, especially since we are asking everybody to give us ideas on data use cases. We'll need resources to implement all that.
- One of the reasons the federal government is going to provide additional funds to APCDs is to make it easier for self insured employees to voluntarily participate in our APCD.
- A snapshot of the APCD strategic planning which is in development. Ms. Armah stated that OHS welcomes feedback from this group and any other group that is interested in providing additional information on the direction of APCD usage and development to inform the strategic plan. Ms. Armah noted that a top priority of the strategic plan includes council engagement, to obtain guidance and advice from HITAC, the APCD Advisory Group, and Data Release Committee on how to encourage greater use of the APCD data, a high value data base, including how to encourage voluntary submission of data by ERISA plans.

The floor was opened for questions. Mr. Charmel inquired about self-insured employers reporting data into the APCD. Ms. Armah discussed several reasons why the data has not been reported including an associated cost. Ms. Armah also commented that ERISA plans are covered by federal law, not state law. Mr. Fusco commented that it is no different for the health plan to submit data for a self-insured plan as it is a fully insured plan, the financial funding mechanism for the most part, is independent from the operational capability to say send the claims. Mr. Fusco further commented that as this continues to be explore this, and whether there may be fees associated, but it should not be a case of where that TPA or health plan has got dramatically different processes

to submit claims on behalf of a self-insured account. Ms. Armah commented that some states struggle with reporting to multiple states – if each state has its own collection standards or collection format, that also adds to the cost. If, at the federal level, it is decided to use the standard APCD data submission plan this simplifies the reporting mechanisms.

Ms. Berlyn inquired if a person would be able to compare prices on the APCD. Ms. Armah stated that one of the original requirements of the APCD included having an online tool for consumers to compare prices among providers and carriers. The first version of the version of the tool provides a price at the state level only; the intent is for OHS to release a second version of the tool.

Mr. Charmel commented that since APCD functionality was originally decided, there’s been federal legislation in terms of transparency on pricing first for hospitals to have to post and now for health plans, so is it redundant, or we can capitalize on what they’re already doing? Ms. Armah – yes the hospitals were posting their prices but also other providers as well, not just providers. We intend to post prices for not just hospitals. Some of them are re posting charges, not prices. CMS allows charges, that still doesn’t allow consumers complete information... one of the things we intend to do, is to pull in the websites of each of the hospitals to put it in one place, to make it easy for people to navigate through to at least look at their hospitals in their area, if that’s what they want to do, or wherever they want to go, to see if the p

We are also putting a disclaimer in that you should still talk to your doctor or your plan to know the actual price that you

We will link to health plan sites as well eventually.

Ms. Berlyn commented that even if it’s the law it may not be reality and also that insurers won’t provide their allowed amount. Armah: We need to have more resources to be able to refresh this information.

8.	Other HITAC Updates	Sumit Sajnani	2:40 PM
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Annual OHS Health IT Report

Mr. Sajnani stated that the annual OHS Health IT report is prescriptive in what needs to be included, a draft is under development and will be shared with HITAC in January for acceptance, before it is submitted to the CGA on February 1st.

Five Year Statewide Health IT Plan

Mr. Sajnani stated that the Five-Year Statewide Health IT Plan was submitted in February of 2022. The statute reads that the plan should be updated periodically. Whereas no changes being made this year, feedback from HITAC is welcome regarding whether it should be refined and updated by February 1st.

Advanced Planning Documents

Mr. Sajnani stated that the Council has a statutory role to contribute towards both the IAPD and OAPD associated with the HIE. We have an approved IAPD and OAPD with a federal cost share, which was approved originally from 23 to 40%. We are in collaboration with DSS, Connie, OHS, and other stakeholders working on trying to improve that federal cost share from 40 to a substantially higher number, and we have been scanning a nationwide what some of the other states have been approved at. Some states have used a Medicaid provider organized based methodology and have received a higher percentage. Would like to replicate this methodology and try to submit to CMS. We will formalize the application and submit this under DSS guidance.

Mr. Charmel asked a question about the provider entity and the methodology. Mr. Sajnani stated that the Medicaid provider entity is the total listing of all active provider organizations within Connie and the percentage of those organizations that accept Medicaid patients which is substantially high. The methodology used by CT was determined following research. CMS does not have a uniform methodology, states develop their own.

9.	Announcements & General Discussion	Sumit Sajnani	2:51 PM
	There were no announcements or general discussion.		
10.	<u>Council Action: Wrap Up and Meeting Adjournment</u>	Sumit Sajnani	2:52 PM
	Mr. Sajnani requested a motion to adjourn the meeting. A motion was made by Patrick Charmel and seconded by Susan Israel. The meeting adjourned at 2:52 pm.		

Upcoming Meeting Date: January 19, 2023

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>