

Health Information Technology Advisory Council

Meeting Agenda

Meeting Date	Meeting Time	Location
July 19, 2018	1:00 pm – 3:00 pm	Hearing Room 1D, Legislative Office Building 300 Capitol Avenue, Hartford CT

Council Members					
Allan Hackney, HITO (Co-Chair)	X	Mark Schaefer, SIM	X	Lisa Stump	X
Joseph Quaranta (Co-Chair)	X	Bruce Metz, UCHC CIO	X	Jake Star	X
Joe Stanford, DSS	X	Ted Doolittle, OHA		Patrick Charmel	
Miriam Delphin-Rittmon, DMHAS		Kathleen DeMatteo		Alan Kaye, MD	X
Cindy Butterfield, DCF		David Fusco		Dina Berlyn	X
Cheryl Cepelak, DOC	X	Nicolangelo Scibelli		Prasad Srinivasan, MD	
Vanessa Hinton, DPH	X	Patricia Checko		Tekisha Everette	
Dennis C. Mitchell, DDS	X	Robert Tessier		Patrick Troy, MD	
Mark Raymond, CIO	X	Robert Rioux		Stacy Beck	X
Sandra Czunas, OSC	X	Jeannette DeJesus	X		
Supporting Leadership					
Victoria Veltri, OHS	X	Kelsey Lawlor, OHS	X	Sarju Shah, OHS	X
Jennifer Richmond, OHS	X	Tom Agresta, UConn Health	X	Kate Hayden, UConn Health	
Alan Fontes, UCONN AIMS	X	Michael Matthews, CedarBridge		Chris Robinson, CedarBridge	
Open Appointments					
<i>Representative of the Connecticut State Medical Society (President Pro Tempore of Senate)</i>					
<i>Speaker of the House of Representatives or designee</i>					

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	Topic	Responsible Party	Time
1.	Welcome & Call to Order	Allan Hackney	1:00 PM
	Allan Hackney welcomed the Council and called the meeting to order. Kelsey Lawlor gave an overview of the agenda.		
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		
3.	Membership Update	Allan Hackney	1:10 PM
	Allan Hackney was pleased to announce that Stacy Beck will be joining the Health IT Advisory Council. Stacy works for Anthem and will be the first commercial payer representative to join the Council. The seat that Stacy is occupying is one of the discretionary seats established by PA 17-2. Stacy has done a lot of work with the SIM Program and we are grateful that she is joining the Council.		
4.	Governance Design Group Recommendations	Jennifer Richmond	1:15 PM
	Jennifer Richmond gave an overview of the material that will be presented today regarding the activities of the Governance Design Group.		
	The purpose of the Design Group was to develop a starter set of governance recommendations; the recommendations were not designed to be the be-all, end-all of governance considerations. They also wanted to develop a common way of discussing these topics. Additionally, the Design Group was established to address the following:		
	<ul style="list-style-type: none"> • Relationship of the Health IT Advisory Council, the State of Connecticut, the HIE entity, and the Health Information Technology Officer (HITO) within the Office of Health Strategy (OHS); • Pros and cons of establishing a new HIE entity or designating an existing entity, with recommendations; 		

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- Baseline elements of a trust framework and trust agreement;
- Table of contents for HIE policies and procedures; and
- Critical success factors in HIE governance.

The Governance Design Group defined several goals and objectives, which included the development of high-level requirements for the Connecticut HIE governance structure, defining attributes of a “neutral and trusted entity,” the review of governance models used successfully by other state HIEs, the review of state and federal legislation and regulations that should inform HIE governance, and the review of existing trust frameworks and trust agreements commonly used for interoperability and HIE initiatives.

The Design Group’s project charter also addressed project scope, project milestones, critical success factors, and the overall project structure.

The Design Group consisted of five sessions, beginning on May 23, 2018 and ending on July 11, 2018. The first two sessions focused on the critical aspects of governance, such as existing governance models. By the end of the second session, they began with “building block exercises” that included: critical success factors; characteristics of a neutral and trusted entity; elements of a trust agreement; policies and procedures table of contents; relationship of key entities; relationship of corporate governance and data governance; pros and cons of establishing a new entity or designating an existing entity to oversee the HIE; the mission, vision, and values; and the implications of the Trusted Exchange Framework and Common Agreement (TEFCA).

Built into the Design Group process was a self-approving method for receiving validation and agreement from Design Group members on the recommendations.

Michael Matthews, the contracted facilitator of the Governance Design Group, recognized Jennifer’s leadership during this process. The members of the Design Group spent their summer helping to develop these important recommendations.

Michael then provided a high-level overview of recommendations and guiding principles that emerged from the Governance Design Group.

Recommendation: Mission, Vision, and Values

As much as anything, these recommendations give us a common language, and established some guard rails for future conversations. The group discussed the concept of a “neutral and trusted” entity and tried to align on a mutual understanding of this term. In the mission, vision, and values, they did not want to wordsmith the actual mission statement / vision statement of the future HIE entity, but instead wanted to establish recommendations and considerations that could be passed along to whomever will actually develop these statements.

The group started their work building from the previously approved recommendations that emerged from the 2017 Environmental Scan. The Design Group built upon these recommendations to develop the following:

- Keep patients and consumers as the most important stakeholder group and a primary focus in all efforts to improve health IT and HIE;
- Leverage existing national and state-based interoperability initiatives;
- Implement core technology that complements and interoperates with systems currently in place;
- Build trust by implementing common “rules of the road” that provide a sound policy framework;
- Support value-based care initiatives, such as ACOs and CINs;

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- Ensure all stakeholders can participate in standards-based data sharing;
- Implement workflow tools that improve efficiency and effectiveness; and
- Ensure data is meaningful and creates tangible value for stakeholders.

Mark Raymond Question – the concepts of value are listed, but the idea of flexibility or the ability to react from a governance structure perspective to a rapidly changing environment – was this addressed during the conversation at all? Michael Matthews answered that this question would be addressed later in the presentation.

Recommendation: Critical Success Factors

Michael explained that the critical success that emerged from the Design Group include:

- Alignment with Connecticut and federal statutes;
- Compatibility with national interoperability initiatives;
- Stakeholder engagement, support, and participation;
- Sustainability supported by stakeholder buy-in and aligned financial incentives - Many HIEs have failed under the concept of “build it and they will come.” This will not happen in Connecticut;
- Foundation for trust;
- Reliable, accessible, and secure technology;
- Tangible value to stakeholders;
- Neutrality;
- Consumer confidence in the security, confidentiality, and use of their data; and
- Clear roadmap for HIE development and use case implementation that fosters early participation and ongoing support for those who participate in later use cases.

Mark Raymond brought up flexibility; when you think about governance, you can define a process that is cumbersome or a process that needs to work to a different pace. The ability to remain focused and be able to react to the different needs of stakeholders should be a consideration in terms of how flexible the organization is able to be. Michael Matthews answered that he agrees with Marks comments, and asked how the following sounds: “having the flexibility and adaptability to react to a changing environment”? Bruce Adams commented that inherent in the design group conversations throughout this process was a collective understanding that this needs to be nimble if we are able to provide ongoing value and have reliable technology. He noted that this is an important point, and he wanted to explain that this was included in their considerations throughout the process. Mark Raymond responded that he didn't think that this concept is actually missing from the recommendations, but thought calling it out explicitly was important.

Recommendation: Characteristics of a Neutral and Trusted Entity

Michael explained that the group frequently referenced P.A. 17-2 (as amended by PA 18-91), and the final language of establishing a neutral and trusted entity was taken directly from P.A. 17-2. The full set of these considerations is included in the larger recommendations presentation which was distributed to all Council members. Many of the recommendations are standard, but they needed to be communicated and documented. The following were put forth as recommendations:

- To be neutral, the entity should:
 - Serve the public good and be of benefit for all Connecticut residents
 - Provide no competitive advantage for any group of stakeholders

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- Be owned and governed by a party or parties other than the state
- Be governed by an engaged board of directors representing private and public-sector leaders with decision-making authority in the organizations that they represent
- Make business decisions based on value-creation, leading to financial sustainability
- Make judicious use of public and private resources
- Balance value creation across stakeholder groups
- To be trusted, the entity should:
 - Provide a trust framework that established clear “rules of the road” including enforcement authority related to compliance
 - Be accountable and transparent to stakeholders
 - Conduct business based on sound policies and procedures
 - Employ a consensus-driven approach for decision-making
 - Have transparent contracting and purchasing practices
 - Obtain external certification or audit from an information security perspective

Jake Star commented that the whole “trusted” concept was difficult for him. When he saw TECCA, he was thinking that this was regulatory trust, and we had to deal with the emotional aspects of trust, as we all will be sharing patient data. Historically, when we share data with the state, we can get past some hurdles by saying it was required by the state, but this justification is eliminated if there is an external entity. There is a framework called HITRUST that is being pursued by other states as a certification for HIEs. I think this is something that should be pursued by our HIE. Michael Matthews responded that this is a fair point.

Recommendation: Relationship of Key Parties

This recommendation was more about capturing the codified relationships of the key parties with a visual representation of such (slide 26).

- The HIE Entity is shown in the top right corner of the diagram, and they will have a governing board and fiduciary responsibilities.
- The HITO is in the middle and will serve as the Chair of the HIE Entity and serves as Co-chair of the Health IT Advisory Council.
- The Health IT Advisory Council is co-chaired by Allan Hackney (HITO) and Dr. Quaranta. The Council is created by statute and serves an advisory role.
- The State of Connecticut is shown along the bottom. The state has board members that were captured in P.A. 17-2 for the HIE Entity. There is a recommended starter set of board members, which includes several board members. It is anticipated that the State of Connecticut will be an HIE participant. The State also has Advisory Council members who are represented here today.

Mark Raymond commented that this view is government-centric and is not representative of the full set of parties that will be involved in the HIE. He felt that he may be missing the full purpose of the relationships that are being drawn here. How are we representing the full set of relationships that are encompassed by the HIE? Michael Matthews responded that this was not the particular intent of this diagram (slide 26). There are several groups currently involved in developing HIE services, and documenting the existing structure was the purpose of this diagram. As the HIE is stood up and operationalized, this is when the diagram you are describing will be developed. The myriad stakeholders, affiliates, etc. that will relate to the new entity would then be represented. That is a great observation.

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Recommendation: Considerations for Creating a New Entity vs. Designating an Existing Entity

- P.A. 17-2 (as amended by P.A. 18-91) gives the option of creating a new entity or establishing an existing entity to oversee the HIE. The legislation also gives the option of having this entity be a not-for-profit.
- The Design Group wanted to provide guidance, but I stopped short of delivering a firm commitment to one particular option. We developed a list of pros and cons for each option, which included:
 - Creation of a New Entity:
 - No pre-existing perception of the organization
 - Ability to effectuate statutory intent more easily
 - Clear focus and intent of the organization (vs. competing interests of other lines of business)
 - Designation of an Existing Entity:
 - Ability to leverage existing infrastructure
 - Leadership and staff already in place
 - Tax-exempt status in place
 - Economies of scale

Michael continued that when they talked through this recommendation, there was an inclination towards creating a new entity, but we stopped short of delivering a firm recommendation for one option or the other. You can see the language that stipulates that there should be a thorough review of options that should be undertaken as soon as practicable. Jake Star added that he wanted to thank whoever's great idea it was to include two attorneys in this Design Group. This was incredibly helpful in these discussions. One of the main points is the impact either option would have on our schedule. Setting up an entity or designating an entity will not happen overnight. Whatever the decision is, it needs to move quickly to be in alignment with our roadmap.

Recommendation: Data Governance Relationship to Corporate Governance

The first slide (slide 31) shows the definition of "data governance" from the Data Governance Institute, which reads as, "Data Governance is a system of decision rights and accountabilities for information-related processes, executed according to agreed-upon models which describe who can take what actions with what information and when, under what circumstances, using what methods."

The next slide (slide 32) shows the HIE Activities Roadmap, which has been presented to the Council previously by Alan Fontes. As activities and services are rolled out, the establishment of governance needs to occur in parallel.

The next slide (33) shows the structure of data governance as a component under corporate governance. The group wanted to capture this structure as part of our recommendation.

Recommendation: Elements of a Trust Agreement

There are a lot of lessons learned from around the country that can be utilized by Connecticut, which is a major milestone for this state. Trust Frameworks and Trust Agreements generally provide for the following:

- Trust Framework:
 - Common language, understanding, and agreement
 - Promotes transparency, trust, and sharing
 - Addresses requirements for data use and sharing among a variety of stakeholders
 - Fairness

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- Accountability
- Privacy and security
- Minimized need for one-off trust agreements and contracts
- Trust Agreement:
 - Legal agreements that include policies and procedures, Business Associate Agreements, etc.
 - Multi-party agreement among participating HIEs that define how the HIEs relate to each other
 - Legal framework within which HIEs can exchange data electronically
 - Assumes (requires) that each HIE has trust relationships in place with its participants

Michael explained that the group examined a number of Trust Agreements from other states as part of our process. These are large documents with a lot of components. He then provided an overview of the list of trust agreement elements that were defined by the Governance Design Group. Bruce Adams and Bill Roberts helped to develop a list of boiler plate provisions that are also represented on the slide as an element of the trust agreement. Other items included on the list included:

- Purpose and scope
- Operational policies and procedures
- Permitted purposes and participants
- Identity proofing and authentication
- Technical approach and infrastructure
- Cooperation and non-discrimination
- Allocation of liability and risk
- Accountability
- Technical (network flow down, enforcement, dispute resolution)
- Consent model
- Transparency
- Privacy and security
- Access
- Amendment process

Recommendation: Policies and Procedures Table of Contents

The Design Group bucketed these recommendations into three separate sections: Privacy and Security, Technical and Operational, and Organizational. The recommended policies and procedures table of contents from the Design Group includes:

- Privacy and Security:
 - Consent
 - Authorization
 - Authentication
 - Access
 - Audit
 - Breach
 - Compliance
 - Sanctions and enforcement
 - Cybersecurity
 - Specially protected information

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- Individual's access and rights
- Auditing and monitoring (HIE entity and HIE participants)
- Participant subcontractor requirements
- Permitted purposes (permitted uses and disclosures)
- Technical and Operational:
 - System requirements
 - Standards
 - Testing and onboarding
 - Auditing and monitoring
 - Identity management
 - Data quality and integrity
 - Service level agreements
 - Training and help desk
- Organizational:
 - Openness and transparency
 - Node eligibility
 - Insurance and liability
 - Flow-down requirements
 - Suspension
 - Dispute resolution
 - Non-discrimination
 - Information blocking
 - Fees
 - Application review process

Recommendation: Implications of TEFCFA

The Trusted Exchange Framework and Common Agreement (TEFCA) is part of the 21st Century Cures Act and will be forthcoming. Michael explained that he does not want this to be a tutorial of all aspects of TEFCA, but just wants to provide a high-level overview. There are five goals associated with TEFCA, including:

- Build on and extend existing work done by the industry
- Provide a single “on-ramp” to interoperability for all
- Be scalable to support the entire nation
- Build a competitive market allowing all to compete on data services
- Achieve long-term sustainability

TEFCA will be structured based on the diagram on slide 42. There will be a Recognized Coordinating Entity (RCE) that provides oversight and governance for Qualified Health Information Networks (QHINs). QHINs connect directly to each other to serve as the core for nationwide interoperability. Each QHIN represents a variety of networks and participants that they connect together, serving a wide range of end users. Further guidance from ONC regarding TEFCA is expected in the near future. They are past due to provide more guidance based on feedback that was received during the comment period. Based on what is currently available, the Design Group came up with some recommendations for TEFCA, including:

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- The HITO should closely monitor ongoing development of TECA to ensure alignment and conformance with Connecticut governance and trust framework; strategic opportunities as either a HIN or a QHIN should be identified and assessed.
- The principles of Trusted Exchange should be endorsed:
 - Standardization
 - Transparency
 - Cooperation and non-discrimination
 - Security and patient safety
 - Access
 - Data-driven accountability

The final Common Agreement of TECA should be taken into consideration in the development of a Trust Agreement by the HIE entity. We need to wait for the final rules to be released before any kind of firm decision can be made, but the Design Group wanted to capture the recommendation for ongoing review and monitoring of TECA and its implications.

Additional Considerations:

These additional considerations are not part of the formal recommendations. This slide represents a “parking lot” of ideas from the Design Group members. These considerations included:

- Once established or designated, the HIE entity should make recommendations based on the below activities:
 - Review existing state privacy laws, for HIE adaptation to align with TECA and the needs and requirements for statewide data sharing. The Design Group did a beginning review of state laws, but this needs to be done on an ongoing basis.
 - Conduct ongoing monitoring of legislation and market research to ensure policy and strategy alignment
 - Engage in ongoing governance review, including monitoring of the composition and size of the board of directors. The initial board composition is defined by statute, but any organization needs to conduct an ongoing review of the composition and size on an ongoing basis.

Jennifer Richmond opened up the floor to Design Group members to provide additional comments, or to ask questions.

Bruce Adams stated that it occurred to him throughout the process, and crystalized today, in everything the entity does, it should endeavor to use as plain of language as possible. This includes everything from the marketing materials down to the legal agreements. If the entity is going to do its job and be neutral and trusted, it needs to communicate. There will be people of differing skill sets across the spectrum of stakeholders. If there is a guide post to be as plain-spoken as possible, he feels that this is important.

Mark Raymond stated that he commends the group on this difficult task. Making recommendations on how this should be governed is not easy. He appreciates what goes into this. In the Design Group he participated in, they had more tangible topics to work on. As we get to recommendations and approval for moving forward, there is a tension between thoroughness and action and he’s not sure how this comes to bear. This needs to be considered – what is the permanency of the decisions we are making and how easily are they adjusted? Putting something into place to start, with the understating that they can be morphed, do we go with an existing structure or something new? He understands the desire to build something durable, but is concerned about the thorough evaluation of

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recommendations. If we do consider the permanency of these governance decisions and how easily some of them could be changed, perhaps this changes how we think about this process as a whole. Overall, this is an incredibly great job. I thought the presentation was plain-spoken in terms of what we want to do, and he did want to commend the group.

Allan Hackney responded that he thinks this is implicit in everything that he heard. Making sure that you are doing your homework and making your decisions based on facts, but making sure it is balanced with the ability to pivot and change. There is a science and an art to some of this. Everything he sees in the recommendations embodies this as best as he can tell. He did not get the impression of over-rigidity of some things, nor is the Design Group coming back and recommending a free-for-all. These are good guard rails. He is quite pleased with the output - it established principles that we can get behind in the absence of rules or regulations so that we can guide our decision making.

Alan Kaye stated that the design group did an excellent job. Mark and he have discussed this, and he shares his impatience with how long this has taken. If we review everything at the same level we have done many other aspects, we will be here for many more years. He is happy we have brought in the consultants, and is excited for how we can emulate or adopt other models. We sorely need an HIE and it is very much delayed.

Following the comments, Michael Matthews stated that, with the Chair's approval, he would invite a motion to approve the Governance Design Group recommendations (approved by Allan Hackney).

Jake Star created the motion, Alan Kaye seconded the motion. The recommendations passed unanimously without abstentions.

Allan Hackney echoed his appreciation for all of the Design Group members and their work on this effort. The contributions of Bruce and Bill were immense. Having them present helped clear the path on some complex topics. Two unsung heroes are Joe Rubin and Joe Chambers in the Office of the Attorney General who ensured that we were able to have these great resources available. Michael did a great work facilitating this effort, and Grace Capreol and Jennifer Richmond did a tremendous amount of background work.

Allan Hackney said this has been a great experience for him to listen to the conversations. Every Design Group has been so informative and has been great work.

Jennifer Richmond echoed Allan's comments and thanked Michael for his work. Jennifer Richmond explained that we are using these recommendations to develop a final report from the Design Group. This will be signed by Allan Hackney and distributed to the Health IT Advisory Council and published to the public website.

5. Medication Reconciliation and Polypharmacy Work Group Sarju Shah, OHS

This presentation regarding the Medication Reconciliation and Polypharmacy Work Group was a joint effort between Michael Matthews, Dr. Tom Agresta, and Sarju Shah. Michael Matthews kicked off the presentation.

Michael Matthews explained that the establishment of the Medication Reconciliation and Polypharmacy Work Group is a topic that was discussed at last meeting, but we wanted to provide a deeper dive on the structure, approach, and proposed membership. As a few background comments, Dr. Agresta will be discussing a complementary initiative which will benefit this Work Group.

Slide 48 demonstrates that the prevalence of chronic conditions is a driving factor resulting in the need for this Work Group. With the aging population, chronic conditions are becoming more and more prevalent. With the increasing prevalence of chronic conditions, comes the increase in prescription drug usage. The two diagrams on this slide detail the number of chronic conditions found amongst age groups, and the number of individuals with 2 or more chronic conditions amongst age groups. In May, there was a presentation made to the Public Health Committee

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related to polypharmacy and medication reconciliation. Dr. Amy Justice gave a presentation about polypharmacy in Connecticut, as did Jeffery. He listed an array of reasons that may result in inappropriate medications, regimens, and interactions.

Dr. Phil Smith developed the diagram seen on slide 52 to detail all of the different challenges and potential issues that can arise around medication reconciliation.

This is not the first time this Council has considered these topics. Medication reconciliation was a use case that was discussed during the HIE Use Case Design Group. It was selected as a Wave 2 use case, due to the need for contingent infrastructure. It was not selected for Wave 2 because it was less important than the other use cases that were considered. This use case document was vetted, and this Work Group now gives us the opportunity to dig deeper into this topic.

Next, Dr. Tom Agresta discussed CancelRx and the jump start for this Medication Reconciliation and Polypharmacy Work group. Back in November, at a CMIO meeting at AMIA, I was sharing the use cases from the HIE Use Case Design Group. We discussed the medication reconciliation use case and the room had an audible gasp – everyone agreed this was such a big challenge. Cancelling a prescription electronically was not an easy thing to do. Every single person in the room had personally experienced this challenge and agreed that this was creating poor outcomes. The technology we are all using is technically certified to be able to do this electronic cancellation. We decided to set up a small group to begin working on this topic. By January 2018, we had a group that was meeting on a regular basis. Since that time, the CancelRx group has had 8 meetings with the larger group, and some meetings in smaller workgroups. This group has grown organically, and people want to participate. We have had 30+ participants and representation from 15+ organizations, including Yale, Trinity, UConn, St. Joseph, Hartford Health, CVS, Surescripts, and more. We have had people from across the spectrum with a variety of different skills. Everyone wants to solve this simple problem.

Early on, CancelRx decided on a division of labor into 3 smaller workgroups, each with a separate leader. We agreed that there was a lot of work to be done. These smaller workgroups included a Workflow Workgroup. There is also a Return on Investment Workgroup that was tasked with determining the cost and effort, as well as the return on investment to the organization, the patient, and the provider. We also have a Technical Requirements Workgroup that will begin to meet shortly and will have 2 or 3 meetings. Simultaneously with CancelRx, we have other messaging types that benefit, such as the ability to change a prescription or communicate bidirectionally with pharmacies. We are setting the stage for the Medication Reconciliation and Polypharmacy Work Group through our work and through an interested group of people willing to work to solve this issue.

Tom explained that they currently have a pilot going at Yale and their surrounding pharmacies which is developing lessons learned. Trinity New England and Hartford Health will be starting their own pilots soon. Other organizations are also interested. They were asked to participate in writing a whitepaper related to this topic with Surescripts, which was accepted by the Journal of American Medical Informatics Association (JAMIA). In addition, they have been asked to present nationally about what we are doing and collaborate with people in other states. People want to learn from what we are doing and share their own experiences. This includes a presentation that was submitted to the HIMSS 2019 conference - a CancelRx Workgroup Executive Summary will be coming in the near future.

Tom stated that they have organizations supporting the pilot testing and rollout and we need to expand this. The state could look at this from the perspective of an employer and think about this for their covered lives. We could think about partnering with insurers as well. The HIE IAPD-U contains funding for medication reconciliation planning. We are also investigating the possibility of grants for CancelRx.

Michael Matthews added that medication reconciliation and polypharmacy is not a problem with one single solution. Stepping back from CancelRx, let's talk about what this Work Group will be addressing.

- Concerns associated with medication reconciliation and polypharmacy

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- Recommend practical approaches and investments to improving the ability to reconcile medication lists
- Demonstrably reduce the incidence of undesirable drug interactions.

Per the legislation, there shall be a final report and recommendations to the Advisory Council and the General Assembly no later than July 1, 2019. Additionally, the legislation directed the minimum membership. The Health IT Advisory Council will review the membership recommendations that have been developed during today's meeting.

The planning phases will be developed by the Work Group itself, but this slide (slide 60) shows a broad process diagram. There will be a definition and scoping phase. Then there will be a discovery and analysis phase, which will lead to strategy and recommendations, followed by an execution phase.

Finally, Sarju Shah detailed the member solicitation process for this new work group.

The solicitation process is detailed on slide 61. The solicitation was developed and sent through the OHS newsletter to over 500 organizations. They also reached out to representatives and stakeholders directly. The solicitation was released on 6/13 and was open for one month. The plan is to have informal conference call in August with the selected Work Group members and to kick off the Work Group in September.

The evaluation committee was very impressed with the applicants. The evaluation committee has gauged applicants by their knowledge, responses, and the stakeholder groups they represent. The following individuals are recommended as members of the Work Group:

- Sean Jeffrey (Integrated Care Partners / Hartford HealthCare) is considered an expert in medication reconciliation. Spoke at the Public Health Committee hearing as well as a Cancel Rx participant.
- Dr. Amy Justice (VA CT Healthcare System / Yale University) is considered an expert in polypharmacy. Spoke at the Public Health Committee hearing.
- Dr. Nitu Kashyap (Yale New Haven) is an expert in medication reconciliation and a Cancel Rx participant.
- Kate Steckowych (Value Care Alliance) created the medication reconciliation use case for the HIE Use Case Design Group.
- Janet Knecht (University of St. Joseph) is a professor and trains nurses and is considered an expert in polypharmacy.
- Three pharmacists are included in these recommendations, including:
 - Nathaniel Rickles (UConn School of Pharmacy)
 - Margie Giuliano (CT Pharmacists Association)
 - Anne VanHaaren (CVS Health) – also a CancelRx participant
- Three prescribing practitioners are included in these recommendations, including:
 - Dr. Tom Agresta (UConn Health) - Spoke at the Public Health Committee hearing.
 - Dr. R. Douglas Bruce (Cornell Scott-Hill Health Center) – focus on HIV and opioids
 - Dr. Ece Tek – (Cornell Scott-Hill Health Center) – focus on behavioral health
- We also have a variety of individuals representing other stakeholder groups and perspectives, including:
 - Lesley Bennett – members of the Consumer Advisory Board, representing the important perspective of consumers.
 - MJ McMullen – (Surescripts) – CancelRx workflow
 - Jennifer Osowiecki (CT Hospital Association) – formerly a pharmacist.
 - Diane Mager (CT Association of Healthcare at Home) – LTPAC and Hospice. We can thank Jake Star for this recommendation to represent this community.
 - Jameson Reuter (ConnectiCare) – formerly pharmacist representing the payer community who previously ran successful med rec programs.
 - Jeremy Campbell (Boehringer-Ingelheim) – represents pharmaceutical a company with strong understanding of Health IT interfaces.
 - Peter Tolisano (CT Dept of Developmental Services) – recommended by Dennis Mitchell

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- Roderick Marriott (Department of Consumer Protection) – he spoke at the Public Health Committee hearing on the importance of the PDMP.
- Bruce Metz (UConn Health) – represents the Health IT Advisory Council.

Lisa Stump asked, in terms of pharmacy background, do we have a practicing pharmacist included? She felt that someone who works as a pharmacist today would be important. Sarju Shah responded that she believes Kate Steckowych is a practicing pharmacist working with the Value Care Alliance.

Allan Hackney stated that, harkening back to some of Michael’s comments, he would like to make it explicit that the statute giving rise to this Work Group was specific in that the group would be a standing working committee under the Health IT Advisory Council. He called this out for two reasons – one, because he will ask the Council to approve these nominees, and two, because he wanted to plant the seed that there is a real opportunity for this group to influence the Work Group and their agenda, and likewise there is an opportunity for the work group to come back with not just a report, but actionable recommendations that we may consider for potential funding opportunities. This is a two-way relationship. This is the second subcommittee of the Advisory Council, after the APCD Advisory Group. Allan wanted to make sure there is a common understanding that they will operate on their own, but there is a relationship between this Work Group and the Advisory Council. Additionally, Allan added that he and Joe Quaranta were the final decisions makers on the membership. They were both incredibly impressed with the qualifications of the applicants and the membership - this list went way beyond the statutory requirements. The breadth of the skills will bring us a depth of conversation that will lead us to a great end point

Allan then asked for a motion to approve the Medication Reconciliation and Polypharmacy Work Group membership. Lisa Stump created the motion. Mark Schaefer seconded the motion. The motion was approved unanimously without abstentions.

Jake Star added that Tom Agresta is really underselling what he has accomplished with CancelRx. I was talking with an HIE from a neighboring state who was asking how we got all of these different groups to the table. The collaborative approach that was taken is remarkable, and in this case, we are actually ahead of other states.

6.	Review and Approval of the June 21, 2018 Minutes	Council Members	1:10 PM
<p>Once a quorum was established, Allan Hackney asked for a motion to approve the minutes from the June 21, 2018 meeting. Vanessa Hinton moved to approve the June 21st minutes, Alan Kaye seconded the motion; all Council members voted to approve the minutes and there were no oppositions or abstentions.</p> <p>Alan Kaye commented that while he has not been able to be present at the past two meetings, the minutes have been unusually complete for this type of body. He thanked the individuals who document the minutes.</p>			
7.	Wrap up and Meeting Adjournment	Allan Hackney	3:00 PM
<p>Allan thanked the Council for their attendance and asked for a motion to adjourn. Mark Raymond moved to adjourn, and Alan Kaye seconded the motion. The membership voted unanimously to adjourn.</p>			

Upcoming Meeting Schedule: 2018 Dates – August 16, September 27, October 18

Meeting information is located at: <http://portal.ct.gov/office-of-the-It-governor/health-it-advisory-council>