

Health Information Technology Advisory Council

Meeting Minutes

MEETING DATE	MEETING TIME	Location
October 18, 2018	1:00PM – 3:00PM	Hearing Room 1D, Legislative Office Building 300 Capitol Ave, Hartford CT

COUNCIL MEMBERS					
Allan Hackney, HITO (Co-Chair)	x	Mark Schaefer, SIM		Robert Blundo, AHCT	x
Joseph Quaranta (Co-Chair)	x	Bruce Metz, UCHC CIO	x	Lisa Stump	x
Joe Stanford, DSS	x	Ted Doolittle, OHA	x	Jake Star	X
Mary Kate Mason, DMHAS	x	Kathleen DeMatteo		Patrick Charmel	x
Cindy Butterfield, DCF		David Fusco	x	Alan Kaye, MD	x
Cheryl Cepelak, DOC	X	Nicolangelo Scibelli	x	Dina Berlyn	x
Vanessa Hinton, DPH	x	Patricia Checko	x	Prasad Srinivasan, MD	
Dennis C. Mitchell, DDS	X	Robert Tessier		Tekisha Everette	x
Mark Raymond, CIO	x	Robert Rioux	x	Patrick Troy, MD	
Sandra Czunas, OSC	X	Jeanette DeJesus	x	Stacy Beck	x
SUPPORTING LEADERSHIP					
Victoria Veltri, OHS		Alan Fontes, UConn AIMS	x	Tim Pletcher, Velatura	x
Sarju Shah, OHS	x	Tom Agresta, MD, UConn Health	x	Lisa Moon, Velatura	
Kelsey Lawlor, OHS	x	Kate Hayden, UConn Health	x	Rick Wilkening, Velatura	x
Jennifer Richmond, OHS	x	Michael Matthews, CedarBridge	x	Lauren Kosowski, Velatura	x
MJ Lamelin, OHS	x	Chris Robinson, CedarBridge	x	Courtney Delgoffe, Velatura	x
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>					
<i>Senate Republic President Pro Tempore or designee</i>					

Minutes			
	Topic	Responsible Party	Time
1.	Welcome and 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.	Review and Approval of September 27, 2018 Minutes	Council Members	1:10 PM
	Once a quorum was established, Allan Hackney asked for a motion to approve the minutes from the September 27, 2018 meeting. Pat Checko moved to approve the September 27 th minutes, Mark Raymond seconded the motion; all Council members votes to approve the minutes, with no oppositions or abstentions.		
4.	Department of Social Services Questions & Answers	Commissioner Rod Bremby, DSS	1:15 PM
	Commissioner Rodrick Bremby of the Connecticut Department of Social Services (DSS) opened by stating that he is grateful for the opportunity to present DSS' responses to the Council's questions pertaining to last month's presentation from DSS and Minakshi Tikoo. Commissioner Bremby said he was shocked by the response and is excited to present a different perspective and additional context. His presentation will provide details relating to DSS activities, State Innovation Model (SIM) activities, historical information, and specific responses to questions received by Council members. Commissioner Bremby stated that the DSS vision is aligned with the Advisory Council, but it is clear from last month's meeting that there are differing perspectives on history and how best to approach accomplishing the shared vision.		

Commissioner Bremby began the presentation by explaining that DSS is an \$8.2 billion agency that is serving as the single state Medicaid Agency under 42 CFR 431.10. DSS serves over one million unduplicated Connecticut residents, including over 800,000 Medicaid members. DSS has three major transformations currently underway: Medicaid transformation, eligibility and enrollment modernization, and the integrated services platform. Commissioner Bremby explained that Connecticut was a managed care state until 2011 and that DSS aggregates claims data on all of their Medicaid members. DSS also has an analytics package to help with market segmentation and risk assessment. He stated that DSS has been effective in driving down costs. He then stated that prior to 2011, DSS had not launched a major system in more than twenty years and was dependent on paper-based processes until 2013. Also, Commissioner Bremby stated that DSS has been successful in reducing the application processing times.

Commissioner Bremby explained that the integrated services platform project is underway and that DSS' key technology projects include: ImpaCT (\$200 million), CT-METS (\$415 million), shared services (\$125 million), child support and enforcement (\$65 million) and the Medicaid HIE node (\$1 million). Commissioner Bremby stated that all technology and projects presented by Dr. Tikoo during the September Council meeting represents \$4 million.

Next, Commissioner Bremby stated that the per-member, per-month (PMPM) costs for Medicaid has been reduced by record rates since 2012. Commissioner Bremby added that in other states, Medicaid is typically cost driver for a state's budget, but this is not the case in Connecticut.

Commissioner Bremby then presented a slide to outline a timeline relevant to DSS and Health IT Advisory Council activities in order to provide context. As detailed by Commissioner Bremby, Public Act 14-217, passed shortly after the HITE-CT was shelved, made DSS responsible for the State-wide Health IT Plan development; in December 2014 SIM received a \$45 million grant award through the Office of Healthcare Access; in July 2015, Public Act 15-146 authorized DSS to develop a statewide HIE; in August 2015, DSS released the Health IT Governance Plan under Public Act 14-217 and the first Health IT Advisory Council meeting was held; in January 2016 the HIE Plan was submitted to the Office of Policy and Management (OPM); in June 2016 the SIM Health IT Council was dissolved; in July 2016 the position of Health IT Officer (HITO) was created and the Health IT Advisory Council was expanded; and in July 2016 the OPM Secretary approved the implementation of the Provider Registry and Alert Notification System. Commissioner Bremby explained that the SIM Council was dissolved to consolidate with the Advisory Council and other overlapping groups.

Next, Commissioner Bremby provided information related to DSS' relationship with SIM in order to address any concerns or misunderstandings that may exist. Commissioner Bremby stated that DSS offered to write the Health IT Plan for the SIM grant as they already had a plan under development and they felt that some existing DSS assets could be leveraged by SIM. Commissioner Bremby co-chaired the SIM Health IT Council and was focused on the tool to aggregate data and report out on quality measures during this time. Commissioner Bremby stated that they realized this work required a full-time person to coordinate technology efforts, and that this was the basis for the creating the position of HITO.

Commissioner Bremby then provided details on the development of the Health IT Advisory Council, which was developed out of Public Act 16-77 and 17-2. Commissioner Bremby said that DSS delivered the HIE plan and began to implement the plan as approved by the OPM Secretary. Commissioner Bremby added that since 2013, DSS has been enhancing their health IT capacity. The Council was then expanded to incorporate the SIM Health IT Council and Healthcare Cabinet interests and the HITO was created to coordinate efforts.

The next slide presented he presented showed the network-of-network model that has been reviewed previously by the Council. Commissioner Bremby explained that there is a node for state agencies, on the right side of the diagram, and a node for other HIEs on the left side. Commissioner Bremby stated that they envisioned the HIE utility to be providing coordination. The next slide shows the DSS depiction of the Medicaid node and how this will link with the network-of-network model.

Commissioner Bremby explained that he was unable to attend these Thursday Health IT Advisory Council meetings, but Joe Stanford was present and available at all meetings. Commissioner Bremby explained that he will respond to specific questions received and that each slide he presents will list the specific questions that are being addressed on the left-hand side. In response to Question 4, Commissioner Bremby stated that DSS is committed to the development, implementation, and sustainability, of a statewide HIE for Connecticut and that DSS will have a more active and engaged role in the Advisory Council in support of their commitment to the shared vision.

In response to Question 3, Commissioner Bremby stated that the DSS node constitutes all of the components of an HIE and was developed in support of enhanced service outcomes for Medicaid members. Commissioner Bremby stated that there is no intent to market or deploy the node in competition to a statewide HIE. The DSS node was developed with CMS funding and all components reside in the State Data Center and can be leveraged by the statewide HIE, as appropriate.

In response to Questions 5 and 6, Commissioner Bremby distributed page 5 of the executive summary of the IAPD submission that was recently approved by CMS and explained that this page shows the delineation of the DSS products that Dr. Tikoo presented at the September meeting. Commissioner Bremby stated that this group reviewed this document and that DSS intends to utilize the statewide HIE when it is available and sustainable for certain activities, such as accessing the immunization registry. Commissioner Bremby stated that most of the technology that has been built was accomplished with 90% CMS / Medicaid funding and that all requests for such funding must be requested by DSS, as the Medicaid Agency, on behalf of their partners.

In response to Questions 2.1 and 2.2, Commissioner Bremby stated that it is DSS' goal to minimize provider burden and that their components are standards-based and will be able to communicate bi-directionally with the statewide HIE. In response to Questions 2.3, 2.4, and 2.5, Commissioner Bremby stated that DSS welcomes the participation of the statewide HIE in the prioritization of future requirements and that these efforts will be cost allocated per federal rules. He suggested that a work group should be created to address this concern. Commissioner Bremby stated that he is trying to understand what created the misalignment.

In response to Question 7, Commissioner Bremby stated that DSS does not have a communication plan to engage the provider community, but the Medicaid program maintains relationships with Medicaid consumers and the provider community through the ASOs.

In response to Question 8, Commissioner Bremby stated that some community providers have begun using technology, depending on the use case, and that the largest uptake of Project Notify is with the behavioral health sector. Commissioner Bremby believes Dr. Tikoo provided a response containing information from some specific users of Project Notify.

In response to Questions 9.1, 9.2, 9.3, and 9.4, Commissioner Bremby explained that the HITECH Act required states to develop the State Medicaid Health IT Plan (SMHP) as a pre-requisite to making EHR incentive programs, and that DSS created the original SMHP in 2011, which is updated annually. Commissioner Bremby added that the next update will be provided to the Council for review and comment before the end of the month. Commissioner Bremby said that the SMHP addendum was submitted to CMS jointly by DSS and the HITO and includes information about the intersection of the two agencies. In response to Question 9.2, Commissioner Bremby displayed the DSS timeline for developing an IAPD-U for FFY 2019 & FFY 2020. Commissioner Bremby stated that the Department of Public Health (DPH) has submitted draft IAPD-U documentation and that the entire document should be submitted in December following review by the HITO and Advisory Council.

In response to Questions 12.1, 12.2, and 12.3, Commissioner Bremby stated that the DSS node contains data from the eligibility system, which includes social data, and that last month DSS focused on making the data from August 2016 through August 2018 available. Commissioner Bremby stated that DSS hopes to have a full data set available shortly. He added that one area where he believes there was misalignment was that DSS was actively involved in work that was already scripted, developed, and contemplated. He then added that when decisions were made not to utilize systems, they fell back to their existing efforts and that their work was offered to SIM. Commissioner Bremby explained that there were people who were concerned about the appropriateness of the tools in a medical environment, but that DSS has demonstrated that their tools are certified, and one product is in use by Optum as part of their 360 platform. Commissioner Bremby stated that there was no effort to hide anything or blind-side people and that the DSS materials have been presented, including an IAPD that was reviewed by the Advisory Council. He stated that he is confident that there will be a statewide HIE in Connecticut and that DSS plans to be supportive and engaged. DSS has been focused on deploying tools in service of their Medicaid beneficiaries so that they can provide better services and care to their members.

Commissioner Bremby asked the Council if they had any additional comments or questions.

At this point, Dina Berlyn stated that she does not remember having the opportunity to review the document that was submitted in early 2016 and she does not believe the Council had a chance to review it either. She recalls that the document was provided to the Council after it was finalized and submitted. Commissioner Bremby asked which document she was referencing, and Dina replied that she was unsure of the exact document, but it was submitted in February 2016 and she remembers the Council being unhappy that they did not have a chance to review. Commissioner Bremby said that if she can tell him which document she is referencing, then they can walk back the history together. Commissioner Bremby added that the document that was distributed today was part of the most recent IAPD submission. Dina Berlyn commented that she remembers certain items were deleted from the 2017 submission after the Council reviewed, but prior to submission. Commissioner Bremby commented that there were some changes before it was submitted, but nothing was changed on the page that was distributed to the Council today. Commissioner Bremby would defer to Allan Hackney to comment on the changes.

Next, Dr. Alan Kaye thanked Commissioner Bremby for his responses. Dr. Kaye commented that people have been operating blind and that there needs to be more communication. He said he remembers being optimistic about the merger of the SIM Council and the Advisory Council because he thought their work would be presented for evaluation to determine how it could be merged and there would be more collaboration. Dr. Kaye stated that he was shocked last week when Dr. Tikoo presented DSS as a separate node, as he thought DSS would be part of the Council's larger efforts. Dr. Kaye said that he wants to know the intended purpose of the merger and what conversations occurred. Dr. Kaye said that

it is disturbing to find out about the parallel DSS effort two years after the merger. Commissioner Bremby thanked Dr. Kaye for his candor and for his comments during last month's Council meeting. Commissioner Bremby said that the DSS efforts are not duplicative, as they can be leveraged by the statewide HIE and are not competitive. He added that it has always been DSS' intention to be a partner and have supported funding requests from partners. Commissioner Bremby added that DSS has a constituency to serve. He added that there was a realization that the work of the SIM Council was not effective and that the same conversations were happening in numerous venues with the same people. Commissioner Bremby added that the intention of the merger was to have a single conversation about statewide efforts. Commissioner Bremby recognized that the DSS presentation to the Council was late and stated that there was an attempt to present in March or April, but the meeting was cancelled. Commissioner Bremby stated that DSS communicated regularly with the HITO's office and that there was no effort to shield, hide, or compete; DSS is here to support and can certainly do more. DSS recognizes the value of HIEs, but also recognizes that they will fail without support from the marketplace.

Next, Lisa Stump thanked Commissioner Bremby for his responses. Lisa Stump said that a couple of things have struck her during the conversation. First, there is a clear difference between doing things at the same time with the same goal and doing things together. Lisa said that the Council thought we were all coming together as a statewide entity to collectively meet the identified needs. Lisa said that DSS' communications could have been better, and they could have created a process to support collaboration, but instead has created a competing agenda and priorities. The Advisory Council has developed goals and built use cases over the past year and DSS has developed their own goals, use cases, and priorities. Lisa said that these are now two different lists and workstreams, and that it will require effort to bring these together, whereas if a common work stream with a common set of priorities could have been built initially, then we would not be in this position. Lisa said that she is interested in Commissioner Bremby and Allan Hackney's perspectives on how we move forward. Commissioner Bremby said that he appreciated Lisa's comments and wants to be transparent without being critical or blaming. He said it was DSS' intent to be collaborative and that they were involved in developing the initial use cases, including a meeting with CMS. Commissioner Bremby stated that DSS was going to leverage one of the tools for SIM, but they were told they could not have access to the data, and that this was not collaborative or helpful. Commissioner Bremby stated that they have a mission to serve Medicaid patients and they needed to create a separate path in order to meet this mission, as opposed to being held hostage without access to the data. Commissioner Bremby said that everything presented last month has been shown to CMS and the HITO and that DSS has no qualms if they need to move to the statewide HIE in the future, if it is appropriate. DSS needed to act to serve their Medicaid members. DSS has also felt frustration, but the focus now should be on how to move forward together. Commissioner Bremby is committed to the development of a statewide HIE and its sustainability and will use tools as appropriate. DSS can also provide tools to help accelerate this goal.

Next, Dr. Alan Kaye stated that he was upset after the last meeting because he felt he missed something. He felt that Dr. Tikoo's presentation was presented for the Council's information, rather than for the Council's approval and that it would have been nice to have this information in April, so it could have been addressed sooner. Dr. Kaye said that before we can move forward, we need to determine what is really going on. Dr. Kaye said that DSS could be a valuable contributor to the Council. Dr. Kaye said that on a continuum, collaboration could range from a complete merger, to effective collaboration, to parallel efforts without communication, to competition. He is concerned about the idea of competition as resources and funding are not limitless and there will also be a competition for talent. Dr. Kaye said the he is disappointed as a citizen and he would be distressed to not see a highly collaborative, and subjugated effort so that the Council can avail itself of the tools DSS is using. Commissioner Bremby

responded by commenting on Dr. Kaye's language – he appreciated the delineation of the different levels of collaboration, as DSS is interested in deep collaboration, but he does not like the use of the word subjugation, as there is little they can legally delegate as the state's Medicaid Agency under federal rules. Commissioner Bremby stated that they are committed to collaboration, but as the largest insurance group in the state, they could not afford to wait; there is an urgency to deploy, deliver, and assist their members. The DSS tools are available for evaluation, and DSS would consider migrating off of their tools at some point in the future.

Next, Pat Checko stated that many on the Council were unaware of where DSS was in terms of progress, and that the Council felt as though they were tasked with starting a new initiative, to assess possibilities, and decide how to move forward. Pat Checko stated that as a member of the SIM Council, she did not feel as though DSS' efforts and goals were clearly explained and how they intersected with SIM. Pat Checko said that everyone in the room is dedicated to creating a system that serves the people of Connecticut and creates better health outcomes. Pat Checko said it is a shame that the last 18 months have been lost when there could have been a better working relationship. Pat Checko added that she believes the Council was only given the opportunity to review Appendix D of the IAPD-U and agrees with Lisa's concern about having separate, parallel systems with different standards and requirements. Pat Checko stated that she hopes the Council can closely look at the DSS systems to see what could be co-utilized or moved on from. Commissioner Bremby thanked Pat for her comments.

Next, Pat Charmel said that he appreciates Commissioner Bremby being present and he agrees that language matters. Pat Charmel said that there were a lot of concerns expressed at the last meeting, and he is specifically concerned that the Council rejected tools and solutions that were proposed by DSS proposed as possible solutions to the Council, but DSS moved forward with the tools regardless. Pat stated that he remembers the response to Zato being violent and unfavorable and that the CEO's comments raised significant concerns around the privacy and security of the system when he addressed the Council. Pat added that Project Notify was another system for which there were concerns around its ability to communicate with the provider community, but DSS decided to move forward and Council did not become aware until after the systems were acquired. Pat said that the Council wanted one system, not the network-of-network approach with DSS acting as a node, but the State Medical Society's HIE efforts required the Council to adapt. Pat asked for the Commissioner's perspective on the available funding and if DSS wants to continue to fund their node. Pat said he wants to know how we will move forward together and improve the health of all 3.2 million Connecticut residents. Pat said he appreciated Lisa's comments regarding resources and that if there is not collaboration, there will not be enough resources to be successful. Commissioner Bremby thanked Pat for his comments and agreed that there has been a missed opportunity to communicate more clearly and regularly. Commissioner Bremby stated that the Zato system, as with everything listed in the plan, had already been purchased and was already being utilized by DSS when they were presented to the Council. Commissioner Bremby said these systems were being offered for use and that one Council meeting included an Optum representative who said he was okay with Zato. Pat Charmel responded that a lot of people were not okay with the system. Commissioner Bremby responded that the engine driving Optum 360 is the same as the one driving Zato. Pat said that the Zato CEO informed them that there were very few healthcare use cases for the system and that the CEO had every opportunity to provide information on the Optum use case but did not share this with the Council.

Commissioner Bremby responded to Pat and said there are communication issues that need to be addressed. In regard to the funding question, Commissioner Bremby explained that the 90/10 funding is available from CMS to support projects and systems that connect providers to Medicaid and that DSS

can request funds on behalf of partners to help complete their related projects. Commissioner Bremby said this needs to be done in a consistent manner, as there is nearly a billion dollars of resources from CMS, who will not hesitate to stop thing in order to clarify the state's intent. CMS will not fund the same thing twice. Commissioner Bremby stated that the Council will see a plan before the end of the month that outlines the approach moving forward. Commissioner Bremby stated that DSS has a commitment to being deeply collaborative in support of the shared vision.

Next, Dr. Alan Kaye commented that he would like to retract two of the words that he used – subjugation and communication. Dr. Kaye said that he would like to use the word transparency instead of communication. Dr. Kaye asked Commissioner Bremby what input he is receiving from external sources and stakeholders, as the SIM and DSS committees are no longer active. Commissioner Bremby stated that DSS was ready to conduct a stakeholder engagement process in 2016 but deferred to the Council's stakeholder engagement effort, as they did not want to be redundant and assumed the efforts would be aligned. Commissioner Bremby stated that DSS has not started the process of determining how the stakeholder engagement information can help shape their tools from a provider perspective. Commissioner Bremby said that their tools were developed with the consumer in mind and that DSS has collected plenty of stakeholder engagement information from previous experiences. DSS will need to determine if the stakeholder engagement efforts of the Council are sufficient for their needs.

Next, Tekisha Everette thanked the Commissioner for being responsive. Tekisha commented that she does not have the benefit of historical context but is concerned about a number of things that have been said. Tekisha said that she is concerned about the duplicative nature of the Medicaid node and its systems, such as Project Notify. Tekisha wants to know how this is rectified. Tekisha also asked for clarification on an earlier comment made by Commissioner Bremby regarding SIM data that was not made available to DSS. Tekisha commented that part of collaborating is identifying what went wrong in the past so that we can make sure it does not happen again. Tekisha asked what the ground rules will be moving forward. Tekisha commented that she is concerned about the Commissioner's comments around stakeholder engagement, interoperability, and the idea that decisions were made with the Medicaid base in mind when there are 3.2 million people in the state. Commissioner Bremby responded by explaining that the Project Notify system is a one-provider-to-many-providers system, whereas other systems are one-to-one. Commissioner Bremby said that the rest of Tekisha's questions will take more time than what remains and offered to schedule some time tomorrow morning to meet and discuss her questions in more detail.

Next, Mark Raymond thanked the Commissioner and noted that the Council does not have a principle that all participants should stop their organization or agency's progress in order to participate on this group. Mark added that if this were true, many people would not be participating. Mark stated that there are many different HIE efforts in the state currently and we are here to solve for this issue. For Mark, the fundamental idea moving forward should be to get a system in place, and then work to remove duplication; there needs to be alignment and commitment to use the system. Mark said that it would be a disservice to halt all progress until something is in place and that DSS' efforts are not a complete replacement of what the Council has decided to do around the use cases. Mark commented that moving forward, the group should be focused on quickly getting a system in place and getting people to use it.

Next, Dina Berlyn commented that she recalls a meeting where Commissioner Bremby discussed DSS' intent, in consultation with OPM, to do an RFP to purchase an HIE, as allowed by PA 15-146. Dina said it was clear that the goal was an RFP but the plan was not submitted to the Advisory Council. Dina asked if

the plan was submitted to OPM under section 21(e) to create an HIE rather than procuring one. Commissioner Bremby stated that the initial intent was for the state to procure HIE services from a non-profit in a neighboring state. DSS felt that this was not the best direction and that an RFP, based on stakeholder engagement, was the better route. DSS produced a plan that was submitted to OPM in January; the balance of the plan called for an RFP to procure HIE services. Dina Berlyn commented that the plan that was submitted to OPM was not shown to this Council until February or April. Commissioner Bremby said that this is something that can be researched, because he believes the document came to the Council and was approved.

Commissioner Bremby stated that he is grateful for the opportunity to share his responses to the questions. DSS is committed to shared success and needs to think more about what collaboration means in order to be as aligned as possible. Commissioner Bremby stated that he believes DSS will be a strong participant.

Allan Hackney thanked Commissioner Bremby for his time and participation.

5. Quality Measure Information (QMI) Work Group	Rick Wilkening, Velatura	2:00 PM
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Rick Wilkening of Velatura provided an overview of the Quality Measure Information (QMI) Work Group. One lesson that was learned was that a successful deployment requires engagement. The objective of the Work Group is to identify and further define data sharing opportunities, implementation concerns and specifications, and end-user impact and utilization of QMI. The QMI Work Group will support the eCQM-CDAS model, led by Tom Woodruff and Alan Fontes, but will also be looking beyond that initial use case.

Rick explained that the QMI Work Group will be a down and dirty design group and will utilize the expertise of the front-line individuals who have experience supporting quality within their organizations. Initially, the group will start with the needs of the respondents of the recently released RFA but will also look beyond the initial launch. Rick said that his model has been successfully deployed in other states.

Rick explained that the initial meeting will occur in November. The initial meeting topics include scope and overview of the pilot. Rick said there will be breakout sessions to help define business and functional requirements and technical features. Rick said there will also be homework assignments to ensure feedback is being received and comments are being addressed. Rick explained that in the beginning, the meeting will be frequent, as this is an agile process to help receive valuable information and knowledge from the end users.

Next, Rick explained that the actions of the Work Group will be centered on the idea of collaboration for innovation. The group will define interesting quality measures, including existing federal and state programs, evaluate and recommend opportunities to reduce provider burden in quality reporting and closing patient's gaps in care, and identify features for continuous evolution of QMI.

In conclusion, Rick said that there is a theme of collectively utilizing the knowledgeable folks in our state to help create solutions. We are starting with the providers and health plans of the initial eCQM-CDAS model roll out, but if any Council members know of interested domain experts, we would welcome their participation.

Allan Hackney commented that in the time he has been on the Council, the design groups comprised of Council members and SMEs have been terrific in defining the priorities and strategies. Rick is describing something that is slightly different from these design groups, where practitioners will figure out how to

make the system work by tapping into the collective experience of the state. Allan added that, to the extent we know practitioners who can contribute, we want these people to be involved, and that we can replicate this model with future use cases.

Tekisha Everette commented that the presentation lacked a savvy consumer voice in the context of the Work Group. Tekisha asked if Rick or Allan could explain their thinking on this. Allan Hackney explained that consumers are not being excluded. The issue is whether or not someone is a practitioner who knows how to implement quality measures. Allan said that if a consumer has this skill, they would be welcome to join.

Tekisha Everette asked for more information on the “interesting quality measures.” Allan Hackney explained that the starter set of quality measures is from the SIM Quality Council, which includes consumers. Tekisha Everette wanted to make sure we are starting with the work that has already been completed.

6.	State Innovation Model (SIM) Updates	Mark Schaefer, OHS	2:15 PM
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Due to time constraints, Allan Hackney stated that the SIM presentation would be delivered at the November 15, 2018 Council meeting.

7.	Statewide Health IT Plan Overview	Michael Matthews, CedarBridge Group	2:45 PM
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Michael Matthews provided an overview of the State-wide Health IT Plan. Michael explained that during the last Council meeting, he presented a slide that showed two levels. The top level represented the phases of plan, design, build, and operate, and the bottom level represented the activities of a continuous planning cycle. Michael explained that today’s presentation is related to an element of the continuous planning cycle: The State-wide Health IT Plan. The plan is required under Public Act 18-91 and will include both strategic and long-term considerations. Michael explained that the plan will also include long-term and near-term opportunities; an alignment with OHS’ purpose, goals, and objectives; inclusive of other efforts by state and public sector stakeholders; and will be a starting point for future iterations.

Michael commented that health IT is a means to an end, not an end in and of itself. It is important to tie health IT support to OHS and to be mindful of what else is happening in the public and private sectors across Connecticut. Michael explained that the target date for an initial review by the Council is December 20, 2018 and that the plan will be reviewed and commented on by the Council before it is socialized more broadly.

Michael explained that the plan is separated into three domain – OHS Policy Support; State Agencies; and Innovation / Research & Development. The plan needs to tie to the overall goals, objectives, and fact-based policy development of OHS. It also needs to focus on the collaboration across state agencies, as well as innovation / research & development, which could be a huge area of opportunity across Connecticut.

Michael asked if there were any comments or questions from Council members.

Dr. Alan Kaye stated that one of his concerns is that we are operating on a timeline that was presented previously and we are receiving updates on components of the larger system, such as the quality measures, but are not receiving updates on the larger system. Dr. Kaye asked if someone could provide information on how the larger system is being developed and what it will look like. Dr. Kaye wants to make sure the larger goal is kept in mind. Allan Hackney clarified that Dr. Kaye is asking about the HIE architecture. Allan Hackney explained that there is an architecture that has evolved through the various

design groups of this Council into a hybrid model. Allan explained that there is no central repository or box, but there are two components that operate in a linked manner – a federated model where data lives where it has been created, and an identity service that allows the mapping of data sources and the consent to be able to share that data. Allan Hackney continued that CDAS is not a complete longitudinal health record, it is a limited data set used specifically to address identified problems. Allan Hackney explained that quality measures and claims data will be collected as it relates to eQMs, but CDAS will not be a central repository. Allan Hackney added that the architecture can be extended in adjacent directions depending on the Council’s priorities and defined use cases. Dr. Alan Kaye asked if Allan Hackney is making sure that the HIE will be able to speak in a standardized way with other systems. Allan Hackney said that it is the intent of the design team, based on feedback from the Council, that the HIE will follow national standards.

8.	Wrap up and Meeting Adjournment	Allan Hackney	2:55 PM
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	Allan thanked the Council for their attendance and asked for a motion to adjourn. Vanessa Hinton moved to adjourn, and Tekisha Everette seconded the motion. The membership voted unanimously to adjourn.		
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Upcoming Meeting Schedule: 2018 Dates – November 15th, December 20th

Meeting information is located at: <https://portal.ct.gov/OHS/Services/Health-Information-Technology>

DRAFT