

# Health Information Technology Advisory Council

## Meeting Minutes

MEETING DATE	MEETING TIME	Location
January 17, 2019	1:00PM – 3:00PM	Hearing Room 1C, Legislative Office Building 300 Capitol Ave, Hartford CT

### COUNCIL MEMBERS

Allan Hackney, HITO (Co-Chair)	X	Sandra Czunas, OSC		Jeanette DeJesus	X
Joseph Quaranta (Co-Chair)	X	Sean King for Ted Doolittle (OHA)	X	Robert Blundo, AHCT	X
Joe Stanford, DSS	X	Mark Schaefer, SIM	X	Lisa Stump	X
Mary Kate Mason, DMHAS		Bruce Metz, UCHC CIO	X	Patrick Charmel	X
Cindy Butterfield, DCF		David Fusco	X	Alan Kaye, MD	
Cheryl Cepelak, DOC		Nicolangelo Scibelli	X	Dina Berlyn	X
Vanessa Hinton, DPH	X	Patricia Checko	X	Tekisha Everette	
Dennis C. Mitchell, DDS		Robert Tessier	X	Stacy Beck	
Mark Raymond, CIO	X	Robert Rioux	X		

### SUPPORTING LEADERSHIP

Victoria Veltri, OHS	X	Kate Hayden, UConn Health	X	Sean Carey, CedarBridge	X
Sarju Shah, OHS	X	Sabina Sitaru	X	Tim Pletcher, Velatura	X
Jennifer Richmond, OHS		Michael Matthews, CedarBridge	X	Lauren Kosowski, Velatura	
Alan Fontes, UConn AIMS	X	Chris Robinson, CedarBridge		Sandeep Kapoor, DSS EPMO	X
Tom Agresta, MD, UConn Health	X	Carol Robinson, CedarBridge	X		

### Minutes

	Topic	Responsible Party	Time
<b>1.</b>	<b>Welcome and Call to Order</b>	<b>Allan Hackney</b>	<b>1:00 PM</b>
	Sarju Shah welcomed the Council and called the meeting to order. Sarju took roll call of Council members. Allan Hackney provided an overview of the meeting agenda.		
<b>2.</b>	<b>Public Comment</b>	<b>Attendees</b>	<b>1:05 PM</b>
	There was no public comment.		
<b>3.</b>	<b>Review and Approval of October 18, 2018 and November 15, 2018 Meeting Minutes</b>	<b>Council Members</b>	<b>1:10 PM</b>
	Once a quorum was established, the Council voted to approve the meeting minutes from October 18, 2018 and November 15, 2018. Mark Raymond created the motion to approve the November meeting minutes, and Joe Stanford seconded the motion. The motion to approve the meeting minutes was passed without objection or abstentions. Patricia Checko created the motion to approve the October meeting minutes, and Bruce Metz seconded the motion. The motion to approve the meeting minutes was passed without objection or abstentions.		
<b>4.</b>	<b>Acknowledgements</b>	<b>Allan Hackney</b>	<b>1:15 PM</b>
	Allan acknowledged Jake Star for his service since the beginning of the HIT Advisory Council. Jake has taken a new job with Planned Parenthood of NYC. Allan expressed deep appreciation for his contributions and participation on the Council and its workgroups.		
<b>5.</b>	<b>SMHP and IAPD Overview</b>	<b>Dept. of Social Services</b>	<b>1:20 PM</b>
	Sandeep Kapoor presented an overview of the SMHP and IAPD on behalf of DSS. CMS shifted the focus last year from the term “Meaningful Use” to “Promoting Interoperability,” but the concepts of promoting the use		

and adoption of electronic health records and interoperability remain relatively unchanged. The program was created in 2009. Connecticut providers have received about \$123 million dollars of incentive payments since the program began.

To receive higher federal funds participation for HITECH funding, CMS requires prior approval of advance planning documents (APDs), acquisition solicitation documents and contracts (RFPs, etc.), contract amendments, and a State Medicaid HIT Plan (SMHP). The SMHP provides a common understanding and roadmap of the state’s HIT goals and investment plans. The current iteration of CT’s SMHP includes ongoing DSS activities as well as the HIT PMO ones. The plan includes an “as-is’ environmental landscape section, a “to be” section that includes HIT and HIE strategies and goals, an operations and audit plan, and overall roadmap. The SMHP is intended to capture all of the state’s investments in HIT, not just federally-supported ones; the IAPD, on the other hand, includes detail only on CMS-funded activities. The IAPD must be updated at least every 12 months, though CT, like many states, includes 2 years in the planning request and updates every year as adjustments are needed.

Current IAPD funded activities include:

- administration of the promoting interoperability program, including provider outreach, attestation changes, and pre- and post-payment validation and auditing
- MEDs: secure transport of electronic prescriptions of Medicaid equipment and supplies
- Project Notify: the Medicaid ADT notification system
- Statewide provider directory
- Zato Health Interoperability Platform for MU/ PI data submissions
- Expanded use of a Personal Health Record for Medicaid members
- Continued design, development and implementation (DDI) of the BI/ Shared Analytics solution
- Connecting the Medicaid node to the statewide HIE network
- DDI for the DPH IIS system.

Sandeep opened the floor to questions.

Mark Schaefer asked if funding continues through 2021 or if it ends at the end of the 2020 federal fiscal year. Sandeep explained that CMS has created a table of when funding ends for specific activities; there are 4 program activities with different end dates because of payment timelines and audit reasons. Sandeep will send the schedule around after the meeting.

Pat Checko asked if there is a plan for reciprocity of data access between Medicaid and the HIT PMO activities. Sandeep stated that while he couldn’t answer from a legal position, the technology plan is to be bi-directional. Allan Hackney added that they are in agreement that bi-directional data flow is the goal.

<b>6.</b>	<b>IAPD Appendix D Overview</b>	<b>Office of Health Strategy</b>	<b>2:40 PM</b>
	<p>Allan presented on the IAPD Appendix D section, which speaks to health information exchange activities. The IAPD will request funding to:</p> <ul style="list-style-type: none"> <li>- Support currently approved 2019 activities;</li> <li>- Provide broad technical assistance and onboarding support to connect providers to the Medicaid HIE node;</li> <li>- Create a Use Case Factory Model for developing and implementing use cases; and</li> <li>- Plan and develop of other priority use cases and initiatives.</li> </ul>		

The technical assistance and onboarding support program will be a deliverables-based program modeled after a successful program in New Jersey that promotes sustainability, is relatively easy to administer, and encourages providers to achieve greater maturity over time.

The Use Case Factory Model provides an ongoing mechanism for incubating and evaluating new ideas for the HIE, testing those ideas, and scaling successful ones. Other key new initiatives include: supporting the Statewide Medication Management Service, establishing a statewide Consent Management Service, evaluating and planning around eConsult and eReferrals use cases, and developing an audit function to ensure program integrity.

Allan opened the floor for questions.

David Fusco commented that there has been a lot of appropriate discussion around process, but at some point, beyond the process, the measurement of the transformation of the healthcare system was important. David wondered how outcomes will be tracked and stated that it's not a question that needs to be answered now, but something to consider. Allan Hackney commented that he and his team had a discussion this morning about the HIE entity business case and measuring the value it will bring to the state. They are developing the business plan right now that should address some of those questions. Allan also suggested looking back at the eQIM project, as a lot of work had gone into design and the SIM program has done a lot of work on looking at outcomes and data should be available soon. Sandeep added that there are many examples from other states, such as measuring the number of messages, looking at transaction volume and related things.

Mark Schaefer commented that he interpreted the question differently and was wondering instead about implementation milestones. SIM is standing up measures of program effectiveness, such as statewide outcomes measures on primary care, readmissions and admissions measures, and that evaluation data should be surfaced within a few months within the broader context of total spending PMPM and other key outcomes. Mark added that in the past, they have been hobbled by data that couldn't be extracted from claims—as an example with diabetes, hospitalization is a crude measure, but A1C control is more nuanced. This is why the state is moving to the eQIM program to be able to collect the necessary clinical data points. The data cycle is also important—lots of steps in the process, and it's hard to gauge whether programs are effective when it takes two years to find out if you are having an impact. Mark shared that SIM will be launching a scorecard to be able to profile the health systems and physician groups that are engaged in efforts to improve care and lower costs. He closed by saying that everyone is restless to get there.

David agreed that Mark's interpretation was more what he was thinking—not necessarily that the ball has moved but is there progress is making those initial metrics. He added that it was important to celebrate the fact that the ball is moving, even if it's hard to see sometimes.

Patricia Checko wanted to clarify if HIE meant the analytics/ population health piece or the HIE exchange entity or both. Allan clarified there is an intersection to understand: the CDAS solution is the link between the eQIM project and the HIE work underway. The overlapping piece is the identify and relationship management service that will also power other use cases in the future.

Pat Checko commented that she understood CDAS will get the data to perform analytics, and then the program will be able to move from collecting process metrics to evaluation metrics but wondered how to know if the evaluation metrics are meaningful. Allan shared that the role of the HIE is to make the connections between the sources of data, and to enable the bi-directional flow of the data. The HIE is the feeder system, and the rest of the CDAS is the analytics engine.

Pat Checko asked, in reference to the Use Case Factory, if it precluded what the group has already identified as the 10 top priority uses cases. Allan Hackney stated that the Use Case Factory is for new and cutting-edge ideas, not the use cases that have already been prioritized. One idea that has come up recently is a potential grant proposal to use genomics to render better care for women with cervical cancer. Allan shared this is an example of a use case that could be developed through that approach.

Pat Charmel added that eventually the system will be able to look at outcomes, but there is probably an interim step in the process and encouraged a look at the accountable care relationships and various incentives to guide change. Specifically, we should be looking to see if the changed incentives within those relationships drive the right behavior at the point of care.

Bruce Metz agreed with the comments about how to measure success, especially in the context of large investments in health IT. He added that there is a body of KPIs (key performance indicators) that have been accumulated and it may be helpful to see what sort of metrics can be used to measure operationalizing the technologies. Bruce emphasized the need to take advantage of building new capabilities into new technologies and trying to future-proof as much as possible. Allan shared that was a fantastic point and that there are some funds in the proposals to fund innovation. He also pointed to the Use Case Factory as a laboratory to continue incorporating new ideas and technology, and said it was important to keep in mind the consumerization of healthcare data. Apple, Amazon Alexa, and other tools will continue to evolve.

Mark Raymond stated that it was good to know how much money was from public sources but wanted to know the timeline for knowing how much it will cost private entities. Allan shared that there is a little detail in the IAPD, but the business plan will give a clearer picture of that piece and will be available soon.

7.	<b>SUPPORT Act Highlights of the 2018 Opioid Legislation</b>	<b>Allan Hackney</b>	<b>2:40 PM</b>
<p>Allan Hackney shared information about a new opportunity for HIT in the 2018 SUPPORT Act that recently became law. Under the Act, covered providers will be required to check the prescription drug monitoring program (PDMP) database before prescribing controlled substances, requires electronic access to PDMP's by Medicaid, and provides 100% federal funding for development and enhancement of state PDMPs. Connecticut is in a unique position given the work underway with the Medication Reconciliation and Polypharmacy Work Group, as well as the architecture that's been developed in the CDAS solution. Allan is charged with convening the relevant state stakeholders, including DCP, DSS, DHMAS, DOC, OPM and DPH, and will report more in the future.</p> <p>Pat Checko asked if the funding was available to all states or just specific ones. Allan stated it's available to all states, but there is a requirement to share PDMP data with surrounding states. There is also still an open question whether it will be required to be achieved through statewide HIE services and it's something they are looking into further.</p>			
7.	<b>Consent Design Group</b>	<b>Allan Hackney</b>	<b>2:40 PM</b>
<p>Allan shared information on the development of a new design group to explore the issues around consent management and health data exchange. HIT Advisory Council members are encouraged to participate. The group is expected to last 5-6 meetings, with a target launch in March or April 2019.</p>			
8.	<b>Wrap up and Meeting Adjournment</b>	<b>Allan Hackney</b>	<b>2:55 PM</b>
<p>Allan shared a couple additional activities currently underway:</p> <ul style="list-style-type: none"> <li>- Statewide Health IT Plan Design Group</li> </ul>			

- Meeting Jan 14<sup>th</sup> and 28<sup>th</sup>
- Medication Reconciliation and Polypharmacy Work Group
  - Several sub-committees have formed
  - UCONN is planning a hackathon on April 5<sup>th</sup> and 6<sup>th</sup>
  - Next meeting is week of Feb 18<sup>th</sup>
- Consent Design Group
  - Details shared previously
- Convening the APCD Privacy Committee
  - The purpose will be to advise the main APCD Advisory Group and the HITO on guiding principles for data release necessary to inform the regulatory process. The APCD operation is being shifted from AccessHealth CT to OHS.
- Genomics workshop
  - There will be a workshop to look at the intersection between HIE and genomics. Subject matter experts and other interested parties are invited. The workshop is March 8<sup>th</sup>, but the location is to be determined.

Allan Hackney asked if Council members had any other questions or comments. No one had any other topics to discuss.

Allan Hackney asked for a motion to adjourn the meeting. Mark Schaefer created the motion to adjourn and Patricia Checko seconded the motion. The motion carried and the meeting was adjourned. The next meeting is on February 21, 2019.

**Upcoming Meeting Schedule:** February 21, 2019; March 21, 2019; April 18, 2019

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