Health Information Technology Advisory Council

Meeting Minutes

Meeting Date	Meeting Time	Location
May 16, 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	X	Jeanette DeJesus	
Joseph Quaranta (Co-Chair)	X	Mark Schaefer	X	Robert Blundo	
Joe Stanford	T	Bruce Metz	X	Lisa Stump	
Mary Kate Mason		Ted Doolittle	X	Patrick Charmel	T
Cindy Butterfield	T	David Fusco	X	Alan Kaye, MD	
Cheryl Cepelak		Nicolangelo Scibelli		Dina Berlyn	
Vanessa Hinton	T	Patricia Checko	X	Tekisha Everette	X
Dennis C. Mitchell	X	Robert Tessier		Lewis Bower	
Mark Raymond	X	Stacy Beck	X		
Robert Rioux		Patrick Troy, MD			
Supporting Leadership					
Victoria Veltri, OHS		Tom Agresta, MD, UConn Health		Chris Robinson, CedarBridge	X
Sabina Sitaru, HIE Entity	X	Kate Hayden, UConn Health	X	Sheetal Shah, CedarBridge	X
Alan Fontes, UConn AIMS	X	Carol Robinson, CedarBridge	X	Lisa Moon, Velatura	
		Michael Matthews, CedarBridge	X	Rick Wilkening, Velatura	

Minutes

	Topic	Responsible Party	Time
1.	**Welcome and Call to Order**	**Allan Hackney**	**1:00 PM**
	Dr. Joe Quaranta welcomed the Health Information Technology (Health IT) Advisory Council members and called the meeting to order. Dr. Quaranta provided an overview of the meeting agenda and recorded attendance.		
2.	**Public Comment**	**Attendees**	**1:05 PM**
	There was no public comment.		
3.	**Review and Approval of April 18, 2019 Minutes**	**Council Members**	**1:10 PM**
	Once a quorum was established, the Council voted to approve the meeting minutes from April 18, 2019. Mark Raymond created a motion to approve the minutes, and Tekisha Everette seconded the motion. The motion to approve the meeting minutes was passed without objection or abstentions.		
4.	**Update on SUPPORT Act (HR6, Section 5042) Planning**	**Michael Matthews**	**1:15 PM**
	Michael Matthews provided an overview of the next agenda item relating to the SUPPORT Act (HR6, Section 5042) planning process between the Office of Health Strategy (OHS), the Department of Consumer Protection (DCP), and the Department of Social Services (DSS). Michael provided a previous update at the April Council meeting. The SUPPORT Act focuses on opioid over-prescribing and provides for improved access to long-term treatment. Michael provided an overview of the prescription drug monitoring program (PDMP) requirements contained within the bill, as well as the associated Advance Planning Document (APD) requirements that would be relevant for any funding request submitted to the Centers for Medicare and Medicaid Services (CMS).		

	Michael provided an overview of the planning process and activities that have been completed to-date. There were several meetings from a multi-agency planning group that established priorities and developed a list of potential projects. Currently, DSS, OHS, and DCP are actively collaborating on the development of an associated funding request utilizing the APD process. Michael explained the parameters for the proposed funding request. The wisdom at this point is to start with a planning project that is on an accelerated timeline and will quickly lead into an implementation funding request. OHS, DSS, and DCP are beginning to develop a budget associated with the funding request and Terry Bequette of CedarBridge Group will be supporting the development of this funding request APD. The current goal is to submit the funding request to CMS in early June 2019. Michael provided an overview of the potential projects and the proposed selection criteria for future implementation funding, which was shared previously during the April Council meeting. Michael asked the group if there are any questions or comments on the SUPPORT Act funding. There were no comments or questions from the Council.		
5.	**Update on Design Groups and Subcommittees**	**Michael Matthews**	**1:35 PM**
	Next, Michael Matthews introduced the next agenda item related to updates on current design groups and subcommittees. **Medication Reconciliation and Polypharmacy (MRP) Work Group:** Michael introduced the MRP Work Group, which has been meeting monthly since October 2018. The group is coming down the home stretch. There is a legislative mandate to submit a final report to the legislature before July 1, 2019. The group is making progress in the development of recommendations. There are a total of approximately 40 objectives, categorized into 11 different categories. Michael provided an overview of the recommendation areas, including: • Best Possible Medication History (BPMH) – this recommendation received an incredible amount of discussion during the review process. It is impossible to do reconciliation without first having an accurate medication list and medication history. This will be one of the highest priority recommendations. • Team Approach – this recommendation accounts for the fact that a wide range of providers, pharmacists, and individuals are included in an effective medication reconciliation process. • Patient Engagement – this recommendation will also be one of the highest priority items and is in alignment with previous priorities established by this Advisory Council to keep the patient as the north start in all considerations. • Implementation and Adoption of CancelRx – this recommendation builds on the work of the CancelRx work group, which developed recommendations in 2018. • Deprescribing – this recommendation is similar to CancelRx. This recommendation highlights the importance of the process of reviewing the meds list and deliberating with the patient on the discontinuation or cancellation of unnecessary or dangerous medications. • Technology – this recommendation will account for the fact that technology will continue to evolve as the planning process continues, and the important of staying cognizant of emerging and advanced technology. • SUPPORT Act Coordination – this recommendation highlights the importance of being aligned with the emerging SUPPORT Act funding opportunity that was described earlier in today's presentation. • Aligned Policy – this recommendation will include a few examples of necessary policy considerations, both from a legislative perspective, as well as organizational and best practice considerations. • Statewide Medication Management Service (SMMS) from IAPD funding – this recommendation includes next steps for utilizing the allocated funding within the currently submitted IAPD. The term "SMMS" will likely change in the near future. This recommendation includes the development of		

business, technical, and functional requirements for a statewide service to support medication reconciliation.

Michael provided an overview of the supporting documents that were reviewed and analyzed as part of the MRP Work Group process. Michael explained that the MRP Work Group broke into four distinct subcommittees, which will produce their own recommendations for inclusion as appendices. The report will also include the Medication Reconciliation Hack-a-thon White Paper, the CancelRx Work Group report and executive summary, and the outcomes of a student-led literature review. Next, Michael provided an overview of next steps and remaining meetings. Michael asked the Council members if there were any questions.

Mark Raymond thanked Michael for his presentation. Mark looks forward to seeing the details of the final report. Mark said this looks to be a comprehensive analysis of an important topic that was previously prioritized by the Advisory Council. Mark said kudos, and he looks forward to reviewing the report.

Pat Checko asked, given the role of behavioral health medications in the pharmaceutical discussion, is there any reason why DMHAS is not represented on this work group, or should they be. Chris Robinson explained that Barbara Bugella is representing DMHAS on the MRP Work Group.

APCD Data Privacy and Security Subcommittee:

Michael introduced the All-Payer Claims Database (APCD) Data Privacy and Security Subcommittee. The APCD is transitioning to OHS (from Access Health CT). Part of this transition includes the review of the existing policies to ensure they are appropriate and relevant. The Data Privacy and Security Subcommittee was reconvened to complete a review of data privacy and security policies. Pat Checko is participating on this group to represent the Data Release Committee. Michael provided an overview of the membership and the support team, which includes Rob Blundo (Access Health CT) and CedarBridge Group.

Next, Michael provided an overview of the Subcommittee's charge. The Subcommittee's initial charge is to review and comment on the existing APCD policies, review APCD policy practices from other states, assess current or anticipated concerns from data recipients and other stakeholders, define policy recommendations and next steps and present recommendations to the APCD Advisory Group for review and affirmation.

Michael provided an overview of the states that were included in the environmental scan, as well as the characteristics that were assessed. Characteristics included the treatment of protected health information, data release governance, data release processes, transparency of data requests and releases, publication of security measures, consumer's online access to data, and the treatment of cost and pricing data.

Next, Michael provided an overview of the Subcommittee's next steps. The group will meet four more times and will conduct a detailed privacy policy review, a detailed data release policy review, develop recommendations, and present findings to the APCD Advisory Group at the August 2019 meeting.

Pat Checko said that this is a very timely topic given that we are creating the HIE and are receiving data release requests that are timely. Pat said there are limitations as to what can be released, and she is not sure what is done with the data and what has been done internally over the years. This is a question she hopes someone will answer during the Subcommittee meetings.

Consent Policy Design Group:

Michael introduced the Consent Policy Design Group, which has been discussed at past Advisory Council meetings. Michael presented an overview of the members of the Consent Policy Design Group, which includes four members of the Health IT Advisory Council, as well as Carrie Gray and Rachel Rudnick from UConn Health, and Dr. Susan Israel, who is a patient privacy advocate. Michael presented an overview of the support team from CedarBridge Group, OHS, and Velatura.

Next, Michael provided an overview of the proposed workplan. The Design Group has committed to an 8-meeting schedule and has met three times thus far. The Design Group has been receiving a lot of information

during the first meetings, and they aim to develop and initial recommendation during meetings 4 and 5 to address the consent policy that is needed to support the initial HIE use cases.

Michael provided an overview of the Consent Policy Design Group's role. The group will analyze existing consent policies from other states, review relevant policies and legislation, and discuss issues and barriers to health information exchange. The group will develop and recommend an initial approach to patient consent to support the first wave of recommended HIE use cases under HIPAA treatment, payment, and healthcare operations (TPO). Finally, the group will recommend an ongoing process and structure for evolving the consent model to support the HIE entity and future use cases.

Next, Michael provided an overview of various level-setting discussion points that have been presented to the Design Group. At the forefront of the Design Group's work is the principle that the patient is the north star in all deliberation. In addition, consent policies should be developed in a flexible way to allow for adaptations over time, as the regulatory environment will continue to change.

Next, Michael provided an overview of the information that was presented to the Design Group relating to the federal landscape, including the Trusted Exchange Framework and Common Agreement (TEFCA), the request for information (RFI) on updates to HIPAA, and the two notices of proposed rulemaking (NPRM) released by CMS and ONC on the 21st Century Cures Act pertaining to interoperability, information blocking, and the Health IT Certification Program. Michael also provided an overview of the information that was presented to the Design Group relating to Connecticut laws and regulations that are impacting HIE consent policy. Finally, Michael explained that the Design Group has also been presented information on consent policies from other states and illustrated the point that consent policies are no longer simply opt-in vs. opt-out.

Dr. Quaranta asked for Michael to comment on the national trend for opt-in vs. opt-out. Michael explained that states using an opt-in model have typically seen less success, as opposed to an opt-out model. Michael said that the problem is how one communicates an opt-in opportunity versus how patients know they have the option to opt-out. Michael thinks there will need to be additional policy refinement in the future that would enable emerging use cases, such as genomics. Dr. Lisa Moon of Velatura said that the national trends show that the states with restrictive consent policies are converting to align with HIPAA and are adopting opt-in or opt-out models. This means that your data is either all-in, or it is all excluded. Lisa explained that as we move towards value-based care models, we are moving more towards a HIPAA-like implied consent where there is a strong attribution between patient and provider, and the ability to link individual to their care teams to push data accurately and appropriately.

Mark Raymond said that one of the concerns about the federal policy is that our data is going everywhere and may persist in numerous places. Mark asked if there is any talk about patient-controlled data exchange and consent management, with access provided on-demand, as needed by providers. Michael said that this was a good observation and a good description of the tension of liberating the data for necessary uses, while still maintaining privacy. Michael said that there has been a strong concern at the federal level about information blocking and a lot of this focus has been on vendor practices. Michael said that what we are seeing on the comments from the NPRM is a desire not to reach too far.

Pat Checko asked if use of the data will be predicated on specific use cases. Michael said that is a very appropriate question and comment and that we are not trying to solve every consent or privacy issue that may exist. Michael said we want to remain focused on what is necessary to support the initial use cases and have a standing structure in place so that as the next use case is defined and implemented, we can develop and implement the consent policy along with it. Pat asked if this is helpful to Mark. Mark said yes and clarified that any setting that a patient receives care may have access to their health information in perpetuity. Michael said any of these settings will have the policy and the technology in place to ensure that there are appropriate access controls and auditing. Mark said that the more places that the data is stored, the more

	opportunity there is for it to be inaccurate at some point or in some place, and that the data gets out of synch. Michael said it is an astute observation and that this is a risk with any HIE. Michael said that as providers practice around how information is made available and how information appears within chart context, the data queries will be able to occur in the background and there won't be any extra effort to access information. Michael said there are a lot of examples of this already occurring.		
6.	**Use Case Approach to Health Data Sharing**	**Allan Hackney**	**2:30 PM**
	Allan Hackney provided an update on the formation of the HIE entity. Allan explained that he had an opportunity to have a detailed discussion with the Office of Policy Management (OPM) and that we are waiting for signature to the Articles of Incorporation that will allow us to move forward with forming the HIE entity. This process has lasted longer than anybody has hoped for, but we now have agreement on the legal aspects of establishing the HIE, that is the actual language in the Articles of Incorporation and the language in the bylaws. One of the principle issues of concern was the conflict of interest for the board members and the employees. Allan explained that the remaining issue is around the funding stream for the HIE. As part of the planning process, OHS have come up with a very good five-year business plan for the HIE entity. The business plan calls for us to continue to use the HITECH Act 90/10 funding for the construction of the HIE. Allan said that the HITECH funding ends on September 30, 2021, therefore years 4 and 5 of the HIE will utilize a different funding mechanism, called the Medication Management Information System (MMIS) program. Allan explained that the plan is to use the MMIS APD process, which also provides 90% match funding. However, this funding has different requirements for states. Allan said the business plan accounts for these requirements. Allan explained that MMIS program also provides 75% match funding for the maintenance and operations of systems, and it is the HIE's intention to appropriately take advantage of this funding. Allan said that the next task is to answer OPM's questions with regard to this funding approach, as well as some answers from DSS, who Allan is meeting with this afternoon. Allan said he thinks that OPM has come to an awareness of Allan's sense of urgency around this. There is a big difference between the HITECH Act and the MMIS/MITA funding stream. One of the most important differences is that HITECH funding can be used for onboarding support and technical assistance to end users. This is not allowed under MMIS. Allan said that if we want funding available to the end users of Connecticut to onboard with the HIE, then we will need to utilize the HITECH funding, which is only available until September 2021. There is an enormous sense of urgency in the state that we need to make progress and get moving. Mark Raymond said his understanding of the MMIS funding is that you need to do cost allocation based on Medicaid lives, which covers a third of the population. Mark asked if the business plan accounts for the non-Medicaid cost allocation in years 4 and 5. Allan said that this is correct and the federal portion of the 75% match funding will need to be pro-rated based on Medicaid lives and there are a number of formulas that are used by states and that different formulas can even be used for different use cases. Allan said that the formula that most states use is focused on Medicaid providers, as opposed to lives, which gets you closer to about 85% coverage in Connecticut. Allan said the private sector fees are included in the business plan for the later years that will be used to attract additional funding to off-set would be lost to cost sharing. Mark said that he believes that the 90% match funding also needs to be cost allocated. Allan said that this is correct, and he said we have $15 million of legislatively ear-marked bond funding that has not been drawn down. Allan said that this funding would be drawn down to serve as state match in the future. Ted Doolittle asked when the MMIS/MITA funding application would need to be submitted. Allan said that the MMIS/MITA program is currently in effect today. Allan said that it is more advantageous today to use the HTECH funding, but DSS utilizes the MMIS funding. Allan said the MMIS funding request works very similarly to the IAPD process that the Council is used to with an annual submission of a funding request that is periodically updated. Allan said we would likely begin to meet with DSS in late 2020 and submit the funding request in 2021. Ted asked if the funding request would be submitted by DSS. Allan said yes and explained		

	that all of the funding requests (HITECH, MMIS, and SUPPORT Act) would be submitted by DSS to CMS. The process from the state perspective is the same.		
7.	**Wrap up and Meeting Adjournment**	**Allan Hackney**	**2:55 PM**
	Allan Hackney asked for a motion to adjourn the meeting. Bruce Metz created the motion, and Mark Raymond seconded the motion. The motion to adjourn was approved without opposition or abstentions.		

Upcoming Meeting Schedule: June 20, 2019; July 18, 2019; August 15, 2019
Meeting information is located at: https://portal.ct.gov/OHS/Services/Health-Information-Technology