

## Health Information Technology Advisory Council Meeting Minutes

Meeting Date	Meeting Time	Location
October 15, 2020	1:00 pm – 3:00 pm	<a href="#">Zoom Meeting Recording</a>

Council Members					
Allan Hackney, HITO (Co-Chair)	X	Ted Doolittle, OHA	X	Lisa Stump	X
Joseph Quaranta (Co-Chair)	X	Stacy Beck		Patrick Charmel	X
Joe Stanford, DSS	X	Robert Rioux	X	Alan Kaye, MD	
Elizabeth Taylor, DMHAS		David Fusco		Dina Berlyn	X
Cindy Butterfield, DCF	X	Nicolangelo Scibelli		Tekisha Everette	X
Cheryl Cepelak, DOC		Patricia Checko	X	Cassandra Murphy	X
Vanessa Hinton, DPH	X	Kimberly Martone, OHS	X	Chuck Podesta	X
Dennis C. Mitchell, DDS		William Petit, MD	X	Ken Ferrucci	
Mark Raymond, CIO	X	Jeanette DeJesus			
Sandra Czunas, OSC	X	Robert Blundo, AHCT			
Supporting Leadership					
Victoria Veltri, OHS		Alan Fontes, UCONN AIMS		Terry Bequette, CedarBridge	X
Sean Fogarty, OHS	X	Tom Agresta, MD, UConn Health	X	Craig Jones, CedarBridge	
Adrian Texidor, OHS		Dawn Bonder, CedarBridge	X		
Tina Kumar, OHS	X	Carol Robinson, CedarBridge	X		

Agenda			
	Topic	Responsible Party	Time
1.	Welcome & Call to Order	Allan Hackney	1:00 PM
	Allan Hackney recognized a quorum and called the meeting to order at 1:03 pm.		
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		

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<b>3.</b>	<b>Review and Approval of Minutes September 17, 2020</b>	<b>Council Members</b>	<b>1:10 PM</b>
<p>Allan Hackney asked for a motion to approve the September 17 meeting minutes. Mark Raymond created a motion. Vanessa Hinton seconded. There was no further discussion. The minutes were approved.</p>			
<b>4.</b>	<b>Connie Update</b>	<b>Michael Matthews, Connie Interim Executive Director</b>	<b>1:15 PM</b>
<p>Allan Hackney introduced Michael Matthews, Connie Interim Executive Director to provide an update on Connie.</p> <p>Michael Matthews announced that the Connie Board of Directors has selected CRISP as their integration partner, to implement and provide health information integration technology and shared services.</p> <p>Michael reported there has been good progress on the Security Assessment. On behalf of the hospitals, Yale New Haven Health is participating in a rigorous assessment process to analyze the security of the technology for Connie. CRISP is also partaking in this assessment. The goal is to finalize the security assessment this month then the results will be communicated to other hospitals.</p> <p>The Connie contract with the Office of Health Strategy (OHS) is substantially finalized. Michael thanked the OHS team for their collaboration and cooperation during this process. Following the completion of the Memorandum of Agreement #4, it is full speed ahead.</p> <p>Michael updated the advisors on the Prescription Drug Monitoring Program (PDMP). We have had several productive discussions with Rod Marriott, Director of the Drug Control Division from the Dept. of Consumer Protection (DCP). Rod presented to the Operations Advisory Committee meeting in September, the group had a lively discussion of the opportunities and synergies created from the intersection of the HIE and the PDMP. We are beginning to identify opportunities for collaboration and specific areas to pursue.</p> <p>Currently, five organizations have signed the Qualified Data Sharing Organization Agreements (QDSOAs). This includes the CT State Medical Society and their HIE initiative called CT HealthLink, The Community Health Network, ProHealth Physicians, CMG, and Remedy/Signify. The QDSOAs are the initial legal onboarding mechanisms which will be followed by technical onboarding.</p> <p>Michael is pleased to report that on October 7, the Internal Revenue Services (IRS) granted Connie its nonprofit 5013C status. There were no follow up questions from the IRS. Their approval indicates they recognize the public good nature and benefit of Connie.</p> <p>The Connie Board selected the Marcum as the auditor. Marcum is deeply experienced in both healthcare and nonprofit on both state and federal contract levels. The Finance and Audit Committee were impressed by the understanding of what it takes to bring forth the HIE organization into existence and have adequate accounting systems, with internal controls built into the infrastructure from day one. Marcum will be assisting on the front end and auditing on the back end.</p> <p>Michael shared an update on the national level Executive Director search process. The Executive Director search committee with extensive support from Marcum has selected a final candidate. They are currently working through the final terms of the agreement, and we hope to make a formal announcement in a few weeks on a final decision.</p>			

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	<p>Michael commented that over the past few months he has gotten to know the Board members well. He shared their praises that they are a high performing board, with incredible dedication, spending time at committee, ad hoc and standing committee meetings.</p> <p>Lisa Stump congratulated Allan and Michael for the process to get the key infrastructures (CRISP) in place. Lisa added that Connie is building incredible momentum, and it is exciting to see it all come together in an exciting way.</p> <p>Tekisha Everette asked as we move forward if the Advisors get a sense of the diversity mix of the candidate pool from the Executive Director Search Committee. Michael suggested at an appropriate time that Mark Raymond, chair of the Executive Director Search Committee may be able to share this information.</p>		
<b>5.</b>	<b>Overview on Federal Policy Changes</b>	<b>Kate Kiefert, Consultant, SME</b>  <b>CedarBridge Group</b>	<b>1:25 PM</b>
<p>Allan Hackney introduced Kate Kiefert from CedarBridge. Kate provided a high-level overview of the changes occurring in federal policies that are impacting providers, payers, and health information exchanges/networks. Kate provided context to show which of these policies the advisors represent and may be concerned about over the next few years. Please refer to Kate’s presentation here: <a href="https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_101520.pdf#page=7">https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_101520.pdf#page=7</a></p> <p>Mark Raymond asked if the federal changes would escalate, change or delay the initial use cases or activities that are lined up or recommended for Connie in anyway?</p> <p>Allan explained the initial use cases already largely align with what is being proposed. A lot of these policies apply to caregiving settings, separate from whether they are flowing in or out of the HIE. The Cares Act update have changes to the consent requirement for sharing information for certain behavioral health conditions. This still requires positive consent, however once the positive consent is given it reverts to a traditional HIPAA relationship for data sharing. This is important for anyone treating patients with behavioral health issues.</p> <p>Allan also additionally commented that the Connie QDSOA/SDSOA are in alignment with the information block portion of the Interoperability rule. He also noted that in the long term there may be real opportunities for Connie to support patient access through the APIs that are being developed with the new Interoperability rule. This would help patients to be better stewards of their own health data.</p> <p>Michael commented on the potential changes that may impact Connie around policy and practices. The goal is higher for hies than providers. We will have a policy foundation that codifies what we have in support for information blocking compliance. As Allan suggested we will put that into our participation agreements, and anticipate working closely with our providers, not only for our own compliance but enabling their compliance as well.</p> <p>Dina Berlyn commented (via chat) “CT had the first information blocking law (we got some advice on it from ONC). I am guessing that the federal law does not pre-empt state laws”. Allan clarified that CT had a law (19a-940d) around information blocking between health organizations. Kate does not think the federal law would</p>			

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	pre-empt the state laws, but what can be done at a federal level for information blocking is that they are going to have specific investigation process and penalties. This is where there would be an opportunity of what the federal law will be able to undertake.		
<b>6.</b>	<b>Developing a Statewide Five-Year Information Technology Plan for Connecticut</b>	<b>Carol Robinson, CEO CedarBridge Group</b>	<b>1:45 PM</b>
	Allan Hackney introduced Carol Robinson of CedarBridge to provide an update on the five-year Health IT Statewide plan, introduced last month to the advisors. Please refer to Carol’s presentation here: <a href="https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_101520.pdf#page=21">https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_101520.pdf#page=21</a> .		
<b>7.</b>	<b>Primary Care &amp; Related Reforms Workgroup</b>	<b>Don Ross, Senior Director CedarBridge Group</b>	<b>2:15 PM</b>
	<p>Allan introduced Don Ross of CedarBridge to lead a conversation sponsored by OHS in primary care reforms. Don Ross shared an overview on the work that is being done in the Primary Care &amp; Related Reforms Workgroup. This project is a continuation of the previously known State Innovation Model (SIM) program at OHS on primary care and improvements in the delivery care in financing and outcomes. The intent is to build on new objectives and direction from the Governor. Please refer to Don’s presentation here: <a href="https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_101520.pdf#page=28">https://portal.ct.gov/-/media/OHS/Health-IT-Advisory-Council/Presentations/OHS_HITAC_Meeting-Presentation_101520.pdf#page=28</a></p> <p>Allan Hackney asked Don to speak to what the current percentage of primary care spend is.</p> <p>Don Ross referred to the report Dr. Tom Agresta shared, that according to the report the best estimates of spend on primary care are currently 4.8%, this would be doubling the investment of primary care.</p> <p>Dr. Lisa Moon asked (via chat) “how does patient centered medical home fit into this work? PCMH was a primary care transformation model”. Don clarified that this work should not undo any of the work that was done or implements as medical home work. This work is an expansion and will end up being more about primary cares spending to the rest of the system, and also any pathway to improvement and access to quality of care that could be supported by a new reimbursement models. Patient centers medical homes did not have reforms to the payment models.</p>		
<b>8.</b>	<b>Announcements and General Discussion</b>	<b>Allan Hackney, Council Members</b>	<b>2:00 PM</b>
	There was none.		
<b>9.</b>	<b>Wrap up and Meeting Adjournment</b>	<b>Allan Hackney</b>	<b>3:00 PM</b>
	Allan Hackney asked for a motion to adjourn. Lisa Stump made a motion. Pat Charmel seconded. The meeting adjourned at 2:30 pm.		

**Upcoming Meeting Dates:** November 19, 2020

**Meeting information is located at:** <https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>