

Health Information Technology Advisory Council

Meeting Minutes

Meeting Date	Meeting Time	Location
June 18, 2020	1:00 pm – 3:00 pm	Webinar: +1 646 876 9923 US (New York) or +1 669 900 6833 US (San Jose) Meeting ID: 915 903 919 Zoom Meeting Recording

Council Members

Allan Hackney, HITO (Co-Chair)	X	Ted Doolittle, OHA	X	Lisa Stump	X
Joseph Quaranta (Co-Chair)	X	Stacy Beck	X	Patrick Charmel	
Joe Stanford, DSS	X	Robert Rioux	X	Alan Kaye, MD	X
Elizabeth Taylor, DMHAS	X	David Fusco	X	Dina Berlyn	X
Cindy Butterfield, DCF	X	Nicolangelo Scibelli	X	Tekisha Everette	X
Cheryl Cepelak, DOC		Patricia Checko		Cassandra Murphy	X
Vanessa Hinton, DPH	X	Kimberly Martone, OHS	X	Chuck Podesta	X
Dennis C. Mitchell, DDS	X	William Petit, MD	X	Ken Ferrucci	X
Mark Raymond, CIO	X	Jeanette DeJesus	X		
Sandra Czunas, OSC		Robert Blundo, AHCT			

Supporting Leadership

Victoria Veltri, OHS		Alan Fontes, UCONN AIMS		Carol Robinson, CedarBridge	
Sean Fogarty, OHS		Tom Agresta, MD, UConn Health		Terry Bequette, CedarBridge	
Adrian Texidor, OHS		Dawn Bonder, CedarBridge		Craig Jones, CedarBridge	
Tina Kumar, OHS		Sheetal Shah, CedarBridge			

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 1:05 pm.		
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		
3.	Review and Approval of Minutes May 21, 2020	Council Members	1:10 PM

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	Allan Hackney asked for a motion to approve the May 21 meeting minutes. Mark Raymond created a motion. Jeanette DeJesus seconded. There was no further discussion. The minutes were approved.		
4.	Connie Update	Dr. Michelle Puhlick, HIA Operations Lead	1:15 PM
<p>Dr. Michelle Puhlick provided key updates on activities occurring in the CT health information exchange. They are working to implement various components of the shared governance model. The Board of Directors have been meeting since October 2019 and had its 9th Board meeting earlier this month. Michelle acknowledged that during the 3rd Operations Advisory Committee (OAC) meeting, Dr. Ron Aseltine was appointed by the CTHHealthLink advisory Board to the OAC committee.</p> <p>In addition, the OAC discussed a number of important issues to current and future participating organizations, such as understanding the Consent Design Group Guiding Principles and the implications of The Office of National Coordinator for Health IT and CMS Interoperability Rules. As a result of Consent Design Guiding Principles discussion, the committee called the Privacy Working Group to be initiated, which will focus on advising Connie regarding implications and considerations for Connie and participating organizations related to the Guiding Principles.</p> <p>The OAC Committee also initiated the formation of the Security Assessment Task Team. The Security Assessment Team will focus on developing common security risk assessments that will be used by Connie for internal and external security assessments and collaborate with the Dept. of Social Services (DSS) to transition to the SES notification system. In February, a state technology assessment was completed to look for an opportunity to try and reuse tools that were in the DSS environment. The recommendations from the assessment found that there is a highly useable use case deployed today which could be used, and provides admissions, discharges and transfer notifications to mental health organizations that won't disrupt work and will conform to CMS guidance to reuse technologies in place. The Secure Exchange Solutions will transition to Connie, operated as part of the Connie technology offerings to CT providers.</p> <p>Michelle shared an update on the onboarding efforts, after socializing the trust data sharing agreement with organizations representing the different stakeholder groups, had a legal community session to review the feedback and refine the master Data Sharing Agreement, the goal is to create a template to legally connect to Connie. working with 30 organizations, health systems, existing networks physician groups, networks and others who are in various stages.</p>			
5.	Update on CT Reopen Project	Scott Gaul, CT Chief Data Officer	1:25 PM
<p>Allan Hackney introduced Scott Gaul, Chief Data Officer from The Office of Policy and Management. Allan commented that we are in an interesting situation where we've been able to mirror the Core Data Analytics Solution infrastructure we've been investing in and discussing with HITAC to help with the current pandemic. Scott has been involved in data gathering and reporting activities that surround the Covid-19 pandemic and has agreed to report on some of these findings.</p> <p>Scott Gaul thanked Allan Hackney, Mark Raymond, and Alan Fontes for their help in preparing. Scott began by noting he will share what they've done to get COVID-19 data out to different audiences and how the health</p>			

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information exchange infrastructure has helped and how it will help in the future. Scott Gaul's presentation can be referred to here: [COVID-19 Data & HIE Infrastructure Presentation](#).

Allan Hackney thanked Scott for his presentation and for his ideas. He also recognized and thanked the UConn Aims team for their work with Scott. Allan opened the floor up to the Council for discussion.

Mark Raymond thanked Scott for the demonstration and his work to respond and provide information to help make decisions during the crisis, all while moving quickly with tools we have underway. Mark acknowledged that Scott has been valuable in helping us connect this process to data across the state and commented on the impressive work of the team given the tight timeline. Mark also thanked the UConn Aims team. He commented on the importance of the uses of the identification of decision making that falls outside of any one individual agency when looking at aggregated data in a combined fashion allows state overall to make better decisions around where we are.

Lisa Stump asked Scott to share his thoughts on managing how data flows since some of the data from hospitals are not directly available to the state. Much of the data referenced is aggregated from the CT Hospital Association which flows through a few channels through various aspects of the state.

Scott responded to Lisa that the CT Hospital Association data flows to multiple points in the state, and that this is a time where we have to come up with answers quickly where people have low bandwidth. He commented on the hierarchy structure on where to go to obtain data (i.e. data on students-go to Dept. of Education, transportation data-we go to Dept. of Transportation). There is an opportunity to have that information which is aggregated and collected out to the public. However, if we need hospital association data, it becomes more complex to get a handle on it since there is different ownership and if flows in multiple places. He asked if anyone else on the Council had a clear sense of this.

Mark Raymond commented that one possible answer here is if the data flows from the hospital association to The Department of Public Health through Connie, it would allow data to be used in different ways, same for lab result reporting. By having Connie in place will help simplify things, but a long-term goal is to use existing networks and have a common ability to move data across ecosystem.

Lisa Stump reinforced that this is an opportunity to talk about, and the CT Hospital Association is willing to have those conversations and participate. Lisa offered to discuss this further with Scott as appropriate.

Dr. Alan Kaye commented that this was a great conversation which demonstrates the importance of public health data being available. He noted that it is one of the numerous imperatives of patient data to be made available to physicians. He raised the concern of members of the public that the use of this for public health data may not be deidentified enough to protect individual privacy, and asked what is the plan for this?

Scott Gaul responded that as a resident of CT he cares a lot about protecting personal health information and the legal framework for data the state collects. OPM is not equipped to handle health data with PII/PHI, the data (education/transportation) they receive from agencies are fairly simple. He noted it is understandable that people have questions and concerns when data moves into a new platform, in this case we rely on agencies such as the Department of Public health for their expertise and structure for managing public health data. Scott added the health information exchange infrastructure is important to test here because it is built to handle that data. Dr. Alan Kaye thanked Scott and advised it will run smoother if we are sensitive to the privacy concerns he raised.

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Mark added that part of demonstrating the platform and understanding how it would work/put to some use – we didn't move in any data that was sensitive/PHI data (mostly aggregate data), so there are still many hurdles we know we have around particular use case, elements of data, how things fit into consent model, etc. This exercise about looking at some of the summary data did not exercise those did not employ those consideration of Connie.

Allan Hackney thanked Dr. Alan Kaye for his comments. Allan congratulated Scott on getting the data and collaborating with UConn Aims in the midst of Covid-19 and thanked him for taking the time to speak to the Council.

Allan shared that he is participating in a webinar scheduled for next week, "State of the HIE," that's a part of a continuing medical equivalency program. During his preparation for the webinar, his counterparts from Maine and Rhode Island that in both cases through their HIE that real time data, around all the things Scott describing plus all the ones described as missing, was all present. He noted it is really important that CT to be able to solve for that kind of problem, to be able to deliver the data being described, being used for real public good purposes.

Lisa Stump reinforced that hospitals are sharing data with the Governor's office today (aggregated through CHA). She asked for clarification, if the data we are discussing here is consistent with what is already being shared? Or are we talking about a different data set? If it's different, is the intent to reconcile those? Lisa raises a concern with different data sets being used in different ways and if the issue is being considered, and who is giving it attention?

Scott commented that is not a question about reconciling different data sets, the source of record is CHA data, the question is source of ownership. Ultimately, it's CHA's data, but how can it be used and published is less clear with CHA data/industry association. Scott suggests as this develops the HIE will give ability to produce data that other states have. Lisa agrees and is completely supportive. On behalf of the hospitals, Lisa recommends building a connection with CHA, to make most effective use of what we are sharing. CHA is acting on behalf of member hospitals, stewardship through all those moving parts is important. Our intent at CHA is to make it accessible/appropriate for use and they are more than willing to participate.

Tekisha Everette thanked Scott for his presentation. She noted she is excited to see work for open portal/updating dashboard with CDAS capabilities, we've seen more sophistication in how data looks like and where it's going. She raised a question if we are seeing a result of CDAS having increased capabilities or was this capability there all along and we weren't utilizing it? Where did the relationship come from and why didn't we capitalize on that from the beginning? Tekisha echoed Dr. Kaye's earlier comment from a consumer perspective and asked what are we doing generally to ensure/reaffirm concerns that some consumers have around data?

Scott answered the pandemic has pushed a couple things together more than it would have happened naturally. The State data plan focuses a lot on open data portal transparencies and improve the standards and documentation around data for all users. He added he is new to the state and the CDAS team, he thinks both this discussion and juncture is a good time to make sure these things connect.

Scott thinks there's an opportunity for lessons learned opportunity about consumer perspective. He added that is an extremely high priority, it's not the agency's data, it's the individual's data, and that's the right

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	<p>perspective to have. A lot of the long-term plans for state data improvement would benefit from engagement with this group.</p> <p>Allan mentioned that the Office of Health Strategy has been ready for this for quite some time. He gave Mark Raymond credit for recognizing the opportunity to use the CDAS infrastructure to everyone's advantage during the pandemic.</p>		
6.	Medication Reconciliation and Polypharmacy Committee Update	Nitu Kashyap, Sean Jeffery, MRPC Co-Chairs	2:05 PM
<p>Allan Hackney introduced Sean Jefferey (co-chair) to provide an update on the activities in the Medication Reconciliation and Polypharmacy Committee. Sean's presentation can be referred to here: Medication Reconciliation and Polypharmacy Committee Update.</p> <p>Allan thanked Sean for his presentation and opened the discussion to the Council.</p> <p>Lisa Stump asked 30% of providers in CancelRx if there is a roadmap beyond Hartford in joining?</p> <p>Sean responded that the data from Sure Scripts is a slow progressive upward response, and as we get larger health systems enabled, will have a larger uptick. Hartford is close if not already launching the CancelRx throughout the system. He added we are ahead of the national average on the pharmacy side.</p> <p>Allan Hackney asked of 30% of the 70% of messages sent, what percentage on the pharmacy side are able to accept the messages?</p> <p>Sean answered that 64% are receiving, when the transaction works seamlessly, pharmacists may not realize they have reacted to it. The transaction can remove the medication without any real impact to the end user. When there is an issue or additional follow up, it becomes more aware to them.</p> <p>Dr. Tom Agresta added that the percentage of prescribers is the percentage of prescribers that are registered with Surescripts. The higher volume prescribers are in larger healthcare systems, but prescribers are spread out across small practices and large organizations. The availability of pharmacies to receive it is much higher than the number being sent out of prescribers. There's a lot of work that goes in on the EHR side making sure messages are being suppressed to prevent errors and lots of technical learning. Sean agreed.</p> <p>There were no further questions.</p>			
7.	Announcements and General Discussion	Allan Hackney, Council Members	2:45 PM
<p>Allan Hackney announced the IAPD is currently in review. OHS is working with DSS to finalize the details to have ready by the end of the month.</p> <p>Allan reported that they received approval from CMS for the Memorandum of Agreement that allows for OHS to draw funds previously approved under the Support Act IAPD. Allan reminded the Council that the funding request was tied to the opioid crisis and specifically expanded the use of Prescription Drug Monitoring Program in CT.</p>			
8.	Wrap up and Meeting Adjournment	Allan Hackney	3:00 PM

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Allan Hackney asked for a motion to adjourn. Mark Raymond made a motion, Tekisha Everette seconded. The meeting adjourned at 3:00 pm.

Upcoming Meeting Dates: July 16, 2020, August 20, 2020

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

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