

# Health IT Advisory Council

October 17, 2019



# Agenda

<b>Agenda Item</b>	<b>Time</b>
Welcome and Call to Order	1:00 pm
Public Comment	1:05 pm
Review and Approval of Minutes – August 15 & September 19, 2019	1:10 pm
Update on HITECH Act APD	1:15 pm
Review and Discussion of the Medication Reconciliation and Polypharmacy Work Group Project Charter	1:20 pm
Approval of the Medication Reconciliation and Polypharmacy Work Group as a Standing Committee of the Advisory Council	1:55pm
Review and Discuss Support Act APD	2:00 pm
Update on Consent Policy Design Group	2:20 pm
Announcement of the Health Information Alliance, Inc. Board Meeting	2:40 pm
Wrap up and Meeting Adjournment	2:50 pm

# Welcome and Call to Order

# Public Comment

(2 minutes per commenter)

# **Review and Approval of:**

**August 15 & September 19, 2019 Meeting Minutes**

# Update on HITECH Act IAPD

*Allan Hackney*

# Review and Discussion of the Medication Reconciliation & Polypharmacy Committee Charter

*Michael Matthews, CedarBridge Group*

# Purpose Statement

*The purpose of the MRPC is to provide strategic guidance, recommendations, and ongoing support to the Health IT Advisory Council and the Office of Health Strategy (OHS) for the development and implementation of patient-centered and evidence-based best practices in medication reconciliation and polypharmacy. The MRPC will build upon the approved recommendations and areas of focus identified by the Medication Reconciliation & Polypharmacy Work Group.*

# Project Goals

- **Goal 1:** Develop a detailed strategic approach for the creation of a patient-centered Best Possible Medication History (BPMH), supported by active patient engagement, that results in near-term value for stakeholders while laying the foundation for a longer-term, more extensive and integrated solution.
- **Goal 2:** Create an online directory of medication management and medication reconciliation tools and solutions for communication of evidence-based, best practice medication tools; patient engagement strategies; technical advisories; subject matter experts; and policy and regulatory guidance documents.

# Project Goals

- **Goal 3:** Serve as a resource to OHS and other state and national agencies and organizations to support development and implementation related to: technical solutions and use cases; workflow integration; medication reconciliation pilot activities; stakeholder engagement; and measurement and evaluation.
- **Goal 4:** Develop an implementation and evaluation plan for the Medication and Polypharmacy Work Group recommendations.
- **Goal 5:** Support Implementation Advance Planning Document (IAPD) and Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act funded initiatives and actively monitor funding opportunities related to the stated purpose and goals of MRPC.

# Membership

- Broad representation of stakeholders
- Member appointment
  - Initially appointed by the Co-Chairs of the Health IT Advisory Council
  - Thereafter, the MRPC Chair/Co-Chairs, in consultation with OHS, shall appoint members
- Membership recruitment
- Annual review of membership
- Participation in meetings
  - Consistent participation in MRPC meetings is critical for success
  - Failure by any member to attend at least 66% of meetings (within a given calendar year), or members who are absent for three consecutive meetings, shall result in consideration of termination from the MRPC

# Officers & Subcommittees

- The Chairperson shall be chosen by the members of the MRPC during the first scheduled meeting
  - The MRPC may also choose to elect Co-Chairs if deemed a better structure to support stated purpose and goals
- As Chair, or Co-Chairs, individuals are responsible for:
  - Setting meeting agendas
  - Establishing regular meeting schedules
  - Appointing subcommittees
  - Acting as a liaison between MRPC, OHS, HITAC and HIA
- Subcommittees may be formed, as needed by the Chair/Co-Chairs, in collaboration with OHS
  - Subcommittee leaders will be appointed by Chair/Co-Chairs, in collaboration with OHS
  - Subcommittee lead member is responsible for organizing subcommittee meetings and will report findings and recommendations to full MRPC

# Operating Procedures

- Standing committee of the Health IT Advisory Council
- MRPC is chartered for the period of November 2019 through September 2021
- OHS may establish procedures to allow members to participate via videoconference or teleconference
- Meetings will be governed by Robert's Rules of Order, Abbreviated
  - One half of membership will constitute a quorum
  - Action on agenda items may be taken by no less than a majority of members present at the meeting
- Chair/Co-Chairs may solicit agenda items in advance of meeting
- All meeting information will be published on the Connecticut Public Notice website and OHS website
- Meeting changes will be sent via email to members no later than 9am the day of scheduled meeting

# Duties of OHS

- Support meeting facilitation, agenda and meeting material development, logistical planning and scheduling, research and analysis and stakeholder engagement
- Inform MRPC about all known changes in federal and state policy, rules and regulations that may impact work
- Ensure ongoing communication and collaboration with other committees and advisory bodies in the state
- OHS staff assigned to MRPC will attend all meetings and inform its members of timely developments relevant to its work
- Assist the MRPC's Chair/Co-Chairs to maintain membership and interested parties with information, distribute agendas and notices, and record meeting minutes and attendance

# Duties of Health IT Advisory Council

- Approve the MRPC Project Charter and any updates
- Take action on MRPC recommendations as necessary to support the work of the MRPC and the purpose of the Health IT Advisory Council, consistent with enhancing the health and healthcare of CT and its residents.
- Consider requests from the MRPC for resources and support
- Consider requests from the MRPC for extension of its activities beyond September 2021

# **Approval of the Medication Reconciliation & Polypharmacy Work Group as Standing Committee of the Advisory Council**

# Council Vote to Approve the Establishment of the MRP Committee

# Update on SUPPORT Act (HR 6, Section 5042) Planning

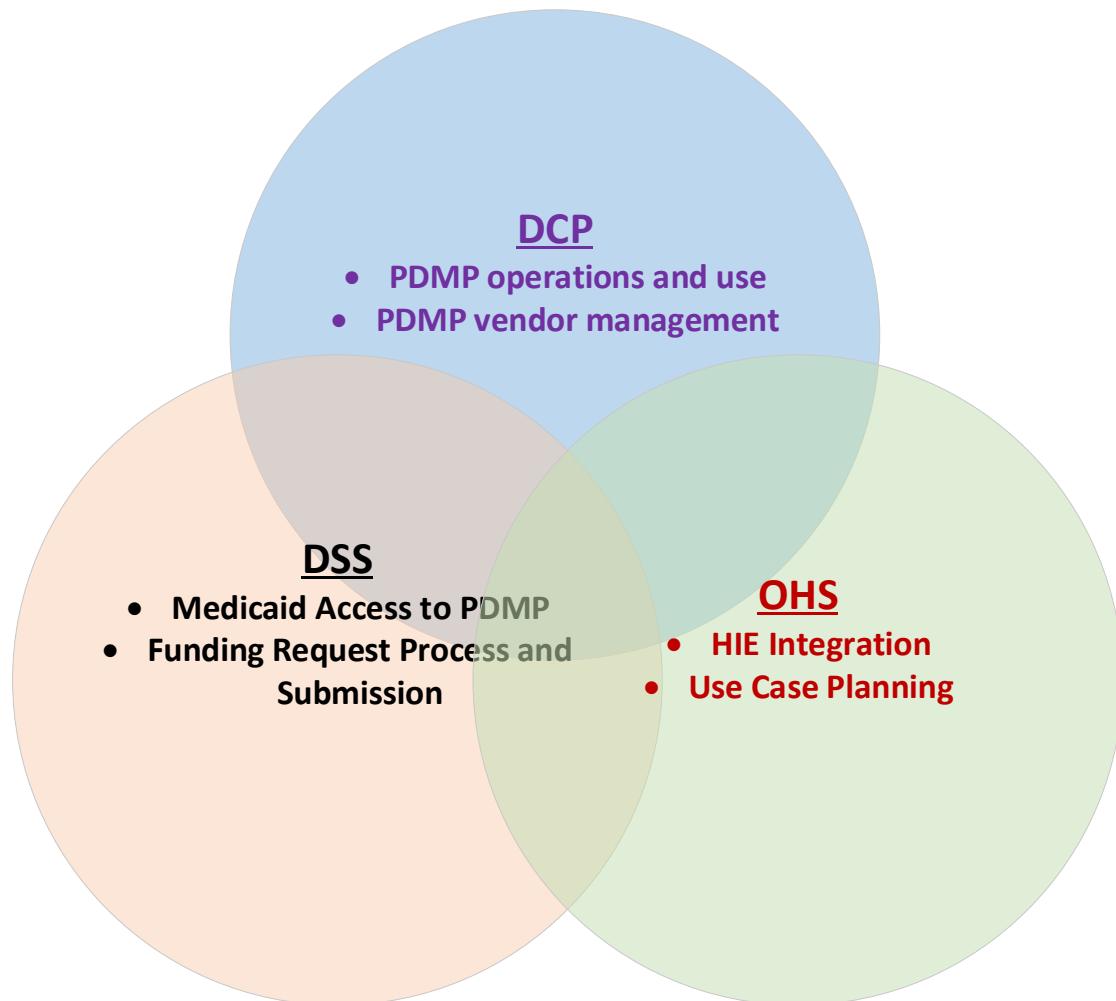
*Terry Bequette, CedarBridge Group*



# Opportunity and Approach – the Opportunity

- 100% Federal match available through FFY 2020 (September 30, 2020) for:
  - Enhancements to help PDMP meet “Qualified PDMP” standards
  - Expansion of PDMP footprint with connections and integrations for provider and health system EHRs
    - Includes connections to HIEs and hubs for interstate data exchange
  - Planning associated with the above (includes additional use case planning)

# Opportunity and Approach – the Approach



## Collaboration among DCP / DSS / OHS

- Focus on:
  - Adding connections and integrating EHRs
  - Connecting to additional states
  - Meeting “Qualified PDMP” standards
  - Adding HIE connectivity to the PDMP architecture
  - Resolving Medicaid access and use
  - Planning and procuring a disaster recovery solution for the PMPD
  - Planning additional use cases (previously identified through a working group)
  - Outreach and Education
  - Planning potential PULSE\* use case
  - Planning potential New England regional solution

\* PULSE: Patient Unified Lookup System for Emergencies

# Major Funding Components by Category

Staffing <sup>1</sup>	
DCP	\$ 208,900
DSS	\$ 50,000
OHS	\$ 39,000
<b>Total Staffing</b>	<b>\$ 297,900</b>

## Contracting<sup>2</sup>

HIA	\$ 550,000
Appriss – connections (DCP)	\$ 1,000,000
Appriss – Subscriptions (DCP)	\$ 500,000
Disaster Recovery (DCP)	\$ 250,000
TBD – PDMP Project management and coordination (DCP)	\$ 300,000
TBD – Medicaid project management and consulting	\$ 150,000
TBD – Outreach and Education	\$ 150,000
TBD – PULSE* Planning	\$ 150,000
TBD – Consulting services for planning	\$ 108,000
<b>Total Consulting</b>	<b>\$ 3,158,000</b>

<sup>1</sup> Estimated; to be refined by the agencies

<sup>2</sup> Estimated; to be confirmed by the agencies

\* PULSE: Patient Unified Lookup System for Emergencies

# Next Steps

- DCP, DSS, OHS joint review meeting; consensus that conditions for 100% FFP have been met (**Oct 10; a few content to-dos**) 
- DCP, DSS, OHS finalize staffing participation and salary data
- DCP, DSS, OHS finalize contracted requirements and amounts 
- Develop inter-agency agreement (DCP/DSS/OHS) for tracking the funds (department heads must agree) (initiate now, can complete after the IAPD is submitted) (**Initiated Oct 10**)
- Finalize the document
- Advisory Council review and comment opportunity (October) 
  - **No substantive changes will occur**
- IAPD submitted by Commissioner Gifford

# Update on Consent Policy Design Group

*Michael Matthews, CedarBridge Group*

# Consent Policy Design Group Update

- Developing recommendations based on guiding principles
- To be used for use case – specific consent policy development
- Aligned with state and federal statutes, trust framework and national interoperability initiatives (e.g., TEFCA)
- One more meeting scheduled
  - Final review of guiding principles
- Report to Health IT Advisory Council in November

# Announcement of the Health Information Alliance, Inc. Board Meeting

*Allan Hackney*

# Wrap up and Next Steps

# Contact Information

## Health Information Technology Officer

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## Health IT Advisory Council Website:

<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>