

Health Information Technology Advisory Council Meeting Notes

Meeting Date	Meeting Time	Location
July 21, 2016	1:00 – 3:00 p.m.	Legislative Office Building 300 Capitol Avenue, Hartford Hearing Room 1D

Participant Name and Attendance

State HIT Advisory Council – Appointed Members/ Designees			
Participant Name	Attended	Participant Name	Attended
Victoria Veltri, Chief Health Policy Advisor for the Lieutenant Governor			X
Comm. Roderick Bremby, DSS		Patricia Checko, appointed by Gov	X
Joseph Quaranta (Co-Chair) appointed by Majority Leader of the Sen.	X	Kathleen DeMatteo appointed by Governor	
Comm. Miriam Delphin-Rittmon, DMHAS Michael Michaud	X	Nicolangelo Scibelli appointed by Governor	X
Fernando Muñiz For Comm. Joette Katz, DCF	X	David Fusco appointed by Governor	X
Cheryl Cepelak For Comm. Scott Semple, DOC	X	Matt Katz appointed by Sen. Looney	
Vanessa Kapral For Comm. Raul Pino, DPH	X	Jeannette DeJesus appointed by Sen. Looney	
Comm. Morna Murray, DDS		Ken Yanagisawa appointed by Rep. Aresimowicz	
Mark Raymond, BEST	X	Alan Kaye appointed by Rep. Klarides	
James Wadleigh, Access HealthCT		Dina Berlyn Designee of Sen. Looney	X
Mark Schaefer, SIM	X	Rep. Sharkey Speaker of the House of Rep.	
Kathy Noel For Jon Carroll, UConn Health		Jennifer Macierowski designee of Sen. Fasano	X
Demian Fontanella, OHA Acting Healthcare Advocate	X	Prasad Srinivasan designee of Rep. Klarides	X
Bob Tessier, appointed by Governor	X	Patrick Charmel appointed by Majority Leader of Sen.	X
Supporting Leadership			
Sarju Shah, HIT PMO	X	Minakshi Tikoo, UCONN	
Faina Dookh, SIM PMO	X		
TO BE APPOINTED			
<i>Health Information Technology Officer (Lt. Gov)</i>		<i>Technology expert who represents a hospital system (Speaker of the House)</i>	
<i>Representative of a FQHC (Pro Tempore of Senate)</i>		<i>Health care consumer or a health care consumer advocate (Speaker of the House)</i>	

Meeting Schedule 2016 Dates – August 18, September 15

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	Agenda	Responsible Person	Time Allotted									
1.	Welcome and Introductions	Council Members	5 min.									
	Call to Order: The fifth meeting of the Health IT Advisory Council for 2016 was held on July 21 at the Legislative Office Building in Hartford, CT. The meeting convened at 1:04 p.m., Joseph Quaranta presiding.											
2.	Public Comment	Public Attendees	10 min.									
	There were no comments from the public.											
3.	Review and Approval of the June 16, 2016 Minutes	Council Members	5 min.									
	The motion was made by Mark Raymond, and seconded by Patricia Checko to approve the minutes of the June 16, 2016 meeting. Motion carried.											
4.	Review of Previous Action Items	Joe Quaranta	5 min.									
	Sarju Shah reviewed the previous action items:											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Action Items</th> <th style="width: 35%;">Responsible Party</th> <th style="width: 30%;">Follow-up Date</th> </tr> </thead> <tbody> <tr> <td>1. Summary of HIE Presentations</td> <td>Sarju Shah</td> <td>07/21/16 - Completed</td> </tr> <tr> <td>2. SIM HIT Council Report</td> <td>Faina Dookh</td> <td>9/15/2016</td> </tr> </tbody> </table>			Action Items	Responsible Party	Follow-up Date	1. Summary of HIE Presentations	Sarju Shah	07/21/16 - Completed	2. SIM HIT Council Report	Faina Dookh	9/15/2016
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1. Summary of HIE Presentations	Sarju Shah	07/21/16 - Completed										
2. SIM HIT Council Report	Faina Dookh	9/15/2016										
5.	Appointments Update	Joe Quaranta	5 min.									
	Victoria Veltri welcomed Matthew Katz of the CT State Medical Society to the Council. Mr. Katz was unable to attend the meeting. There are four positions open and three new ones that are pending appointment.											
6.	Update on the HITO search	Victoria Veltri	5 min.									
	Ms. Veltri provided the search update. The position description is nearly finalized. They have also assembled a search committee with the targeted goal to onboard the HITO by Labor Day. The search process will be confidential.											
7.	Overview of HIT presentations	Sarju Shah	30 min.									
	<p>Sarju Shah provided the overview of information compiled from state presentations regarding HIE. All of the presentations are available online (see presentations).</p> <p>Demian Fontanella asked why Ohio switched from an opt-in to an opt-out system. Ms. Shah said they realized that the cost of an opt-in system was more than the cost of an opt-out system, with the same number of people opting out. Miriam Delphin-Rittmon asked about consent. Ms. Shah said there were business agreements in place and the assumption is that it is built in. Dr. Checko asked about opt-in/opt-out at the patient level. Ms. Shah said most states found it easier to opt-out, which means to have patients decide they would not participate. Rhode Island took a different approach which involved robust consumer engagement to encourage people to participate through an opt-in process. Dr. Checko said that things that are opt-in can be very expensive and tend not to work as well but that that system needed to be considered as well.</p> <p>Prasad Srinivasan asked for information on the different systems in place. Michigan and New Jersey use a network of networks system while other states have one main health information exchange. Ms. Shah said Connecticut can use either system depending on both feasibility and the results of stakeholder engagement. She noted the public act appears to reference a statewide system.</p> <p>The Council discussed statewide versus network-of-network approach. Maine and Rhode Island started very early, which allowed them to take advantage of the funding available to create a statewide approach before health systems had developed regional HIE solutions. Time and funding are factors that need to be considered. A hybrid model may be a possibility. Ms. Shah said they will need to look at where the state is and where it is moving to in order to make a more informed decision. Ms. Veltri said they are waiting for the</p>											

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onboarding of the HITO. They will need a stakeholder engagement process in order to make the best decision.

Mr. Fontanella asked what the experience with data segmentation was in these systems, as well as what capabilities exist. Ms. Shah said she would need to revisit that. Nicolangelo Scibelli asked if there was a correlation between states that had a central repository and robust data exchange. Ms. Shah noted the need for the technology to be flexible so they can move with the times. Dina Berlyn said they should make sure the patient is able to access his/her entire record. They should also make sure their overall data is available. Dr. Checko said they needed to look at whether they have all data or use selective data. Connecticut has very strict confidentiality laws. She asked whether other states passed legislation that granted them the authority to collect the data. Ms. Shah said that Rhode Island passed legislation that established safeguards for the Health Information Exchange to happen. They would need to look at consent policies.

Jennifer Macierowski said it would be helpful to know the real penetration in each state's coverage. The figures would be helpful to help analyze which model is more successful. Ms. Shah said she will follow up with presenters for that information. Ms. Veltri suggested setting up a spreadsheet that would lay the information out. Mr. Raymond asked whether the state can layer in operating costs (per citizen, per provider, per hospital). Ms. Shah said that Ohio was very upfront with their costs but the others didn't talk as much about that; however, the state is working with federal agencies to try to get additional information to assist CT in developing a sustainability model.

Mark Schaefer asked how a new CMS opportunity for enhanced federal match that was extended to states in February would impact what they are doing. CMS has recognized the need to support health information exchanges. The new opportunity allows states to leverage the 90/10 split Medicaid funding for this effort. Ms. Veltri said they can share the State Medicaid Director Letter and the Office of the National Coordinator HIT Roadmap with the committee. She said they should try to leverage whatever federal dollars are available to build the HIE, including SIM, 90/10 Medicaid funds, etc. (see [CMS State Medicaid Director Letter](#) and [ONC HIT Roadmap](#)).

Dr. Checko noted that the SIM HIT Council spent a lot of time on measure outcomes. She asked whether any states have used their HIE to do the analytics to allow for outcomes. Ms. Shah said that is what Maine is working on. Colorado is another state to examine. Dr. Schaefer said that Oklahoma produced clinical quality measures for use by payers and providers. Other states have plans to do that as well, including Oregon, Vermont and Delaware.

8.	SIM HIT Operational Plan Overview	Sarju Shah	10 min.
<p>Ms. Shah provided the overview of the HIT Operational Plan and HIT drivers. Mr. Fontanella asked about data analytics and how it compares with what the APCD is currently doing? Ms. Veltri said the APCD is collecting de-identified claims data. She also noted there is a tie-in between the efforts. Dr. Schaefer said that for Connecticut, the value added from our SIM HIT investments is to solve for measures that require clinical data. SIM is looking at using the APCD to begin standing up a public score card that will allow consumers to see how their providers are doing in relation to others.</p>			
9.	SIM Update	Faina Dookh	20 min.
<p><i>CMMI Site Visit:</i> Faina Dookh provided an update on the site visit. CMMI and their technical assistance partners visited the state and attended the SIM Quality Council and Healthcare Innovation Steering Committee meetings.</p> <p><i>Final SIM HIT Council meeting discussion/recommendations:</i> Ms. Dookh reviewed the Council's final meeting. Dr. Schaefer noted Clinical Quality Measures (CQMs) can be collected electronically utilizing edge server technology, which reads and indexes data stored within an EHR or other data applications and the edge server indexes enables the creation of virtual data warehouse to support the collections of eCQMs.</p>			

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	<p><i>Work stream Updates:</i> the Council reviewed work stream updates.</p> <p>Ms. Macierowski said she understands that edge server is a technology system whereas an HIE is an outcome. She asked for clarification on her understanding. Dr. Schaefer said that HIE is movement of health care information across organizations and it can also refer to the entity that facilitates the exchange. Access to the data is critical to the functioning of the HIE outcome.</p> <p>Ms. Veltri said the update is meant to help Council members more clearly see the tie between the work of the statewide council and the work of the SIM. She said the more they see the presentations, the more they will see the value of combining the two councils.</p>		
10.	Wrap up and Next Steps	Victoria Veltri	10 min.
	<p>Ms. Veltri summed up the meeting outcomes. She noted the Quality Council will have a public scorecard discussion in September. She also noted that the Quality Council Report is open for public comment. They can report on both to the Council.</p> <p>Ms. Shah asked whether there were additional activities members were interested in. Patrick Charmel noted that Medicare is proposing a new system for physician reimbursement (MACRA Proposed Rule). They will be moving to a Merit-Based Incentive Payment System (MIPS). He noted that interoperability and information exchange are a big part of that. He said they need a solution for this and that physicians will want it because it will impact their reimbursement. He said Council members should educate themselves on that. Dr. Schaefer said that in addition to MIPS there are parallel companion alternative payment models that are more advanced than shared savings. Providers will have to be in one system or the other and it will effect payment as early as 2019. He said the PMO should consider these changes as they engage with physicians. He said he could do a presentation on materials the SIM PMO had received from the federal team. Mr. Charmel said that there is a quality component as well and that the Clinical and Community Integration Program (CCIP) and Medicaid Quality Improvement and Shared Savings Program (now known as PCMH+) will help with MIPS as well.</p> <p>The motion was made by Mr. Fontanella and seconded by Robert Tessier to adjourn. Motion carried.</p> <p>The meeting adjourned at 2:26 p.m.</p>		

Action Items	Responsible Party	Follow-up Date
1. Overview of HIE Presentations	Sarju Shah	Completed
2. SIM HIT Recommendations	Faina Dookh	9/15/2016
3. Develop Summary Table for HIE Presentations	Sarju Shah	8/18/2016
4. Provide links to the: - SIM Quality Council - State Medicaid Letter - ONC HIT Roadmap - MACRA Proposed Rule	Sarju Shah	8/18/2016
5. Present on MACRA	SIM Team	9/15/2016