

Health Information Technology Advisory Council

DRAFT Meeting Minutes

February 17, 2022

Meeting Date	Meeting Time	Location
February 17, 2022	1:00 pm – 3:00 pm	Zoom Meeting Recording

Participant Name and Attendance

Council Members					
Joseph Quaranta (Co-Chair)	R	Sandra Czunias, OSC	R	Robert Blundo, AHCT	
Sumit Sajani, OHS HITO (Co-Chair)	R	Ted Doolittle, OHA	R	Lisa Stump	R
Joe Stanford, DSS	R	Kelly Sinko Steuber, OHS	R	Patrick Charmel	R
Elizabeth Taylor, DMHAS		Robert Rioux	R	Alan Kaye, MD	
Nicole Taylor, MD, DCF	R	David Fusco	R	Dina Berlyn	R
Sharonda Carlos, DOC		Nicolangelo Scibelli	R	Cassandra Murphy	R
Vanessa Hinton, DPH		Patricia Checko	R	Pareesa Charmchi Goodwin	
Dennis C. Mitchell, DDS	R	William Petit, MD	R	Dr. Susan Israel	R
Mark Raymond, CIO	R	Jeanette DeJesus		Mark Gildea	R

Supporting Leadership

Jessica Guite, OHS	R	Carol Robinson, CedarBridge	R		
Amy Tibor, OHS	R	Donald Ross, CedarBridge	R		

Other Participants

Jennifer Searls, Connie	R		R = Attended Remotely; IP = In Person		
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Agenda

	Topic	Responsible Party	Time
1.	Welcome and Call to Order	Dr. Joe Quaranta (Co-Chair)	1:00 PM
	<p>The regularly scheduled meeting of the Health Information Technology Advisory Council was held on Thursday, February 17, 2022, by webinar. Dr. Quaranta welcomed council members and called the meeting to order at 1:02 p.m.</p> <p>Amy Tibor administered the roll call. It was determined that a quorum had been established.</p>		
2.	Public Comment	Attendees	1:05 PM
	There was no public comment.		
3.	<u>Council Action: Approval of Minutes: January 20, 2022 Meeting</u>	Council Members	1:05 PM
	Dr. Quaranta requested a motion to approve the January 20, 2022 meeting minutes. Dr. Checko made the motion. Joseph Stanford seconded. There was no discussion. The minutes were approved unanimously.		
4.	Connie Update	Jenn Searls, Executive Director, Connie	1:08 PM
	<p>Ms. Searls provided a presentation update regarding Connie activities.</p> <p>Highlights of Ms. Searls' update included the following:</p> <ul style="list-style-type: none"> Connecting hospital partners to Connie is on pace. Ms. Searls provided several examples of new and upcoming data feeds. The first EMR hub is anticipated to be with Athena Health and several others will follow. 		

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	<ul style="list-style-type: none"> • Outreach continues to long term care facilities. Connie has approximately 13 LTC facilities onboarded and four reviewing legal agreements. • A total of 180 organizations have committed to connect to Connie through the Long-Term Service Supports (LTSS) partnership project with DSS. • Efforts are continuous to operationalize the recommendations of the Best Possible Medication History (BPMH) workgroup. • Connie is reviewing its data collection procedures to ensure that it can ingest Race, Ethnicity and Language (REL) data as organizations modify their systems to comply with a state mandate. <p>Dr. Quaranta asked a question regarding the timeframe for radiology images to be uploaded into Connie. Ms. Searls stated that recent images take 60-90 seconds to upload whereas legacy images require additional curating and take longer. Dr. Quaranta asked a question regarding the ability for providers to import files to their EMR system. Ms. Searls stated that some providers will have the ability to download radiology images into a Picture Archiving and Communication System (PACS); she will inquire regarding the ability to import images into individual EMR systems. Ms. Stump commented regarding lag time between images and final radiological reports.</p> <p>Dr. Quaranta thanked Ms. Searls for her update.</p>
5.	<div style="display: flex; justify-content: space-between;"> <div data-bbox="164 968 938 1052">2022 Strategic Plan Survey Outcome</div> <div data-bbox="938 968 1382 1052">Sumit Sajnani, OHS HITO & Amy Tibor, OHS</div> <div data-bbox="1382 968 1529 1052"></div> </div>
	<p>Sumit Sajnani and Amy Tibor presented on the 2022 Strategic Plan Survey Outcome.</p> <p>Highlights from the presentation included:</p> <ul style="list-style-type: none"> • Ms. Tibor provided a brief overview regarding the purpose and background of a recent strategic plan survey provided to members. Members were asked to provide guidance and feedback to inform the HITAC strategic agenda for 2022. They were asked to select from 10 activities, those they would want to recommend to begin in 2022. The survey opened on Feb 10, 2022 and closed on Feb 16, 2022. The survey included 10 items that HITAC members were asked to consider. Ms. Tibor described the process that informed the reduction of the 25 previously presented activities that appeared for six strategic focus areas within the statewide health IT plan. • Ms. Tibor announced that staff received feedback regarding the survey format and function. A decision was made to keep the survey open longer to allow additional members time to take the survey (or retake the survey following today's clarification regarding survey design). <p>Ms. Czunas inquired regarding whether a work plan exists showing the status of all 25 (potential) strategic activities which could further inform how the survey activities were decided. Mr. Sajnani stated that staff will develop and share a document that identifies those activities in progress, those that are unable to begin in 2022 due to funding or other resource restraints, and those that require prerequisites to begin.</p> <ul style="list-style-type: none"> • Ms. Tibor stated that the presentation will be provided to members following the meeting and published on the OHS website. Mr. Sajnani encouraged all members to take the survey and invited members to reach out if they would like additional information. He stated that member involvement is a critical component of setting the strategic activities for the year ahead. <p>Dr. Quaranta thanked Mr. Sajnani and Ms. Tibor for their presentation.</p>

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6.	Review Health Information Technology Sustainability Support Workgroup (HIE-SSW) Charter	Sumit Sajnani, OHS HITO & Donald Ross, CedarBridge Group	
<p>Mr. Sajnani and Donald Ross presented on the Health Information Technology Sustainability Support Workgroup (HIE-SSW) Charter.</p> <p>Highlights from the presentation included:</p> <ul style="list-style-type: none"> • Mr. Sajnani introduced Donald Ross as a senior director with CedarBridge Group who will be the primary facilitator of the HIE-SSW meetings. • A brief description of Article 1 of the HIE-SSW charter. The establishment of the HIE-SSW is in accordance with Article 5, Section 3 of the HITAC charter. • An overview of Article 2 of the HIE-SSW charter which included: <ul style="list-style-type: none"> ○ A brief background and purpose for establishing the HIE-SSW. ○ An overview regarding funding for HIE sustainability to date. Mr. Sajnani stated that federal funding through the HITECH Act program provided 90% funding with a 10% state match for a variety of HIE-related development functions, but the program expired on Sept. 30, 2021. The state is pursuing alternative funding that is available through CMS. CMS has already approved 26% funding, but which results in a significant funding cliff. The state is seeking additional approval through an updated IAPD. ○ An overview of the statute that authorizes the HITO to establish a participation fee. Mr. Sajnani stated that the statute does not specify a start date, dollar amount, or identify participants. Mr. Sajnani stated that he is requesting assistance from the workgroup in reviewing questions relating to the participation fee. ○ An overview of the process by which the workgroup would meet and develop recommendations. The proposed group would meet for two hours per week for approximately 4-6 weeks starting in March. Research and documentation would be shared by support leadership to help inform recommendations. A straw-vote would occur after 3 meetings to gage whether consensus could be reached regarding setting a participation fee or not, for both FY 2023 and/or FY 2024, and whether it would be permanent. It is anticipated recommendations would be presented during the April HITAC meeting. • An overview of Article 3 of the HIE-SSW regarding membership composition of the workgroup: <ul style="list-style-type: none"> ○ Mr. Sajnani stated that membership would include key active stakeholder that are currently or potentially would be participating in the fee structure of Connie. It was determined that the member category of <i>payors</i> was inadvertently omitted from the slide deck. The presentation will be amended to include payors and circulated to members. <p>Mr. Fusco recommended including self-insured employer to the membership composition. Discussion ensued. Mr. Charmel commented regarding the importance of employer representation and providing an education component regarding how the information that flows through Connie can help providers and health plans manage the cost of care more effectively. Mr. Sajnani commented regarding funding of Connie as another important educational component. Mr. Fusco stated that if a portion of the financial obligation may go to the health plans, it is critical that the self-insured employers be educated up-front regarding the benefits of Connie and how the funding works. It was agreed to amend the HIE-SSW charter to include <i>self-insured</i> to the membership composition.</p> <ul style="list-style-type: none"> • A review of Article 4 of the HIE-SSW Charter. 			

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	<ul style="list-style-type: none"> Mr. Sajnani announced that Dr. Quaranta will chair the HIE-SSW. Mr. Sajnani invited members who represent any of the groups identified within the charter to participate on the group. <p>Mr. Sajnani invited Donald Ross to present on Articles 5, 6 and 7 of the HIE-SSW charter and the draft HIE-SSW workplan.</p> <ul style="list-style-type: none"> Mr. Ross stated that CedarBridge will be responsible for project managing the work of the HIE-SSW. CedarBridge will develop meeting agendas and materials, conduct research and analysis, and provide meeting facilitation. Mr. Ross provided the general operating procedures in accordance with Article 6 of the charter. Mr. Ross presented regarding Record, Governance and Public Comments within Article 7. Mr. Ross provided an overview of the proposed draft workplan for meetings 1-6 of the HIE-SSW. <p>Mr. Sajnani invited questions and also clarified that a Connie Board of Directors approved sustainability plan exists which includes funding sources above and beyond the participation fee that the HITO may recommend.</p>		
7.	Council Action: Review and Acceptance of HIE-SSW 8-10 Week Sprint	Sumit Sajnani, OHS HITO	
	<p>Dr. Quaranta requested a motion to accept the HIE-SSW charter as amended to add a self-insured representative to Article 3 regarding membership. Mr. Raymond made the motion. Mr. Scibelli seconded. The motion passed unanimously.</p>		
8.	Presentation on Connecticut Race, Ethnicity and Language (REL) Mandate	Adrian Texidor, OHS	2:10 PM
	<p>Mr. Texidor presented on the Race, Ethnicity and Language (REL) Mandate.</p> <p>Mr. Texidor's presentation included several overviews regarding Public Act 21-35 §11 as follows:</p> <ul style="list-style-type: none"> The mandate requires the collection of REL data across sectors by 70% to reduce racial inequities and disparities in the state by 2025. A review of data points provided by the Connecticut Health Foundation and Voices for Children highlighting the various racial inequities across the state. The mandate applies to any state, board, or commission that collects or contracts with an entity to collect race, ethnicity and primary language data for healthcare or public purposes. Mr. Texidor stated that the Act also requires providers with electronic health records (EHR) connected to the statewide HIE to provide patient self-reported race, ethnicity, primary language, insurance and disability status. OHS in consultation with consumer advocates, health equity experts, state agencies and healthcare providers must create a REL Data Collection Standards and an Implementation Guide, and in consultation with healthcare providers, consumers, and the Public Health Joint Standing Committee of the General Assembly, must review race/ethnicity categories periodically based on demographic changes from US Census Bureau and state agencies' data. Mr. Texidor stated that the first version of the REL Data Collection Standards and the Implementation Guide have been posted on the OHS website and can be located at https://portal.ct.gov/OHS/HIT-Work-Groups/Race-Ethnicity-and-Language. Mr. Texidor invited partners and members of the public to provide feedback or questions via ohs@ct.gov. <p>Dr. Quaranta inquired regarding organizations presently able to comply with the requirement through existing technology versus those that may need to modify or implement new technology. Mr. Texidor indicated that OHS will meet with Connie to discuss provider capabilities and Connie's capabilities to ingest the REL data; OHS</p>		

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	<p>will then reach out to the wider audience. Dr. Quaranta inquired regarding other states' REL requirements and how CT compares. Mr. Texidor indicated that it depends on the state, commenting that CT takes the requirement a step further by expanding categories of self-identification, for instance. Mr. Texidor stated that staff will provide a crosswalk of the CT statute versus other states if desired by the HITAC. Ms. Stump commented regarding the absence of REL data to researchers and clinicians and stated that while data standards and other elements of the work is addressed, community outreach to educate and inform will be critically important. Dr. Checko commented regarding reeducation on the importance of the data and how it is tied to health equity and health outcomes, commenting that many patient forms will need to be redone. Mr. Sajnani indicated that the work around REL data collection is in an early phase; a long-term vision exists which includes provider engagement to gather feedback regarding the challenges implementation from all standpoints. Mr. Sajnani described a future education campaign and collaboration with advocacy groups. Dr. Israel inquired regarding access to the REL data through Connie. Mr. Sajnani indicated that additional consent would be required to be able to access other systems, such as state systems; how to gain this consent is under consideration. Mr. Sajnani stated that data is held in the provider's system. Connie is not going to extract the data from a medical record without patient consent; any efforts to extract REL data would be done programmatically and not manually. Dr. Israel emphasized the importance of clear and direct communications to patients and providers regarding who has the data, who will access it, and what it will be used for. Dr. Israel further emphasized the need for HITAC to review and discuss these details.</p>		
9.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><u>Council Action:</u> Wrap Up and Meeting Adjournment</td> <td style="width: 40%; padding: 5px;">Dr. Joe Quaranta, Council Members</td> </tr> </table>	<u>Council Action:</u> Wrap Up and Meeting Adjournment	Dr. Joe Quaranta, Council Members
<u>Council Action:</u> Wrap Up and Meeting Adjournment	Dr. Joe Quaranta, Council Members		
	<p>Dr. Quaranta opened the meeting for announcements.</p> <p>Mr. Sajnani announced that the January slide presentation has been revised and re-circulated to members to reflect two revisions:</p> <ul style="list-style-type: none"> • As of December 31, 2021, CMS certification was still under review (corrected from having been achieved). • As of December 31, 2021, 273 organizations were signed on to Connie (corrected from 237). <p>Dr. Quaranta requested a motion to adjourn the meeting. The motion was made by Lisa Stump and the meeting adjourned at 2:45 p.m.</p>		

Upcoming Meeting Dates: February 17, 2022

All meeting information and materials are published on the OHS website located at:
<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>