Health Information Exchange (HIE) Use Case Design Group

HIE Use Case Design Group Session 1 Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
June 26, 2017	10:00 am – 11:30 am ET	**Webinar link:** https://zoom.us/j/623857982 **Telephone**: (408) 638-0968 Meeting ID: 623 857 982

Design Group Members						
Stacy Beck	X	Gerard Muro, MD	X	Lisa Stump, MS, RPh		
Patricia Checko, DrPH, MPH	X	Mark Raymond	X			
Kathy DeMatteo	X	Jake Star	X			
Design Group Support						
Michael Matthews, CedarBridge	X	Allan Hackney, HIT PMO		Mark Schaefer, SIM PMO	X	
Carol Robinson, CedarBridge	X	Sarju Shah, HIT PMO	X	Faina Dookh, SIM PMO	X	
Chris Robinson, CedarBridge	X	Kelsey Lawlor, HIT PMO	X	Kate Hayden, UCONN	X	
Wayne Houk, CedarBridge	X					

	Summary
Welcoming remarks	Gratitude was expressed for the willingness of Health Information Exchange Use Design Group (Design Group) members to engage in the planning of health information exchange (HIE) services in Connecticut. It was noted that there will be quite a bit of information to go through over the next few months, and that the goal of the Design Group will be to emerge with recommendations for the Health IT Advisory Council regarding prioritized HIE Use Cases.
Introductions	Design Group members and support staff introduced themselves and their professional background, as well as the stakeholder groups they represent.
Design Group Charter Discussion	It was noted that the state of Connecticut engaged CedarBridge to conduct an environmental scan and stakeholder engagement process, in which over 250 individuals were contacted through interviews, focus groups, and surveys. Out of this stakeholder engagement, nine recommendations were presented to and accepted by the Heath It Advisory Council. These recommendations were reviewed on slide 9, and it was noted that the following recommendations are within scope for this Design Group: • *Connecticut must leverage existing interoperability initiatives, including existing or planned private investments and relationships with state-based HIEs and the national initiatives.* • *Connecticut must implement core technology that complements and interoperates with systems currently in use by private sector organizations.* • *Connecticut must support provider organizations and networks that have assumed accountability for quality and cost.* • *Connecticut must ensure that basic mechanisms are in place for all stakeholders to securely communicate health information with others involved in a patient's care and treatment.* • *Connecticut must implement workflow tools that will improve the efficiency and effectiveness of healthcare delivery*. Sustainability was discussed as a priority for the Design Group, and it was noted that this design group will work closely with other design groups that will be considering financial sustainability

	models for HIE services in the state. It was noted that value proposition for particular stakeholder groups will be discussed when creating and prioritizing HIE use cases. Content from the Design Group charter was reviewed, and it was noted that the purpose of the Design Group is to develop use cases that align with Council recommendations, establish value propositions to prioritize the use cases, validate high-level functional requirements for prioritized use cases, and provide recommendations on "buy vs. build" and "federated vs. central" shared infrastructural services. It was noted, in reference to the recommendation regarding a steering committee, that there was a previous steering committee that was merged into the existing Health IT Advisory Council. It was clarified that this recommendation was meant to encourage coordination across state agencies regarding health IT assets and planning.
Planning Process Discussion	The planning process for the Design Group was reviewed on slides 14 through 18, including a proposed timeline, meeting logistics, design group and support staff roles and responsibilities, and the Design Group's decision-making process.
Use Case Discussion	The use case definition on slide 20 was reviewed. It was noted that the list of use cases on slide 21 is not exhaustive. Referral management was discussed as an example of a use case, and that referral coordination between primary care, specialty care, behavioral health, and community services is a challenge. It was noted that an immunization registry (IIS) and electronic clinical quality measurement (eCQM) system have already endorsed by the Health IT Advisory Council as priority use cases. It was stated that an IIS Design Group is now being launched to help select a solution that can be implemented, and that there was an eCQM Design Group earlier in the year that had broad stakeholder representation to address the need for a quality measurement system. The differences between use cases, HIE services, and shared infrastructural services were discussed by the group. It was requested that Design Group members think carefully about the creation of a robust list of HIE use cases. CedarBridge Group will develop a library of 2-page use cases based on this list, and then a prioritization process will take place after which the highest priority use cases will be expanded to 5-7 pages each. Additional use cases were discussed by Design Group members, including a patient-facing portal and transitions of care for the long-term post-acute care community, and making reporting easier for providers.
Meeting Wrap-up and Next Steps	It was noted that the Environmental Scan / Stakeholder Engagement Report would be sent to Design Group members for their review prior to the next Design Group meeting. Design Group members were asked to fill out a Doodle Poll for subsequent meeting times as soon as possible.

Action Item	Responsible Party	Due Date
Send Environmental Scan / Stakeholder Engagement Report to Design Group Members	CedarBridge Group	Wednesday June 28
Fill out Doodle Poll	Design Group Members	Friday June 30
Fill out HIE Use Case spreadsheet	Design Group Members	Friday July 7
Review and Approve Project Charter	Design Group Members	Friday July 7