

Health Information Exchange (HIE) Use Case Design Group Meeting Minutes

Meeting Date	Meeting Time	Location – Zoom Web Conference
October 4, 2017	2:30 – 4:00pm ET	Webinar link: https://zoom.us/j/657371924 Telephone: (646) 558-8656 OR (408) 638-0968 Meeting ID: 657 371 924

Design Group Members					
Stacy Beck	X	Gerard Muro, MD	X	Jake Star	X
Patricia Checko, DrPH, MPH	X	Mark Raymond		Lisa Stump, MS, RPh	X
Kathy DeMatteo	X				
Design Group Support					
Michael Matthews, CedarBridge	X	Allan Hackney, HIT PMO		Mark Schaefer, SIM PMO	
Carol Robinson, CedarBridge	X	Sarju Shah, HIT PMO		Faina Dookh, SIM PMO	X
Chris Robinson, CedarBridge	X	Kelsey Lawlor, HIT PMO		Kate Hayden, UConn	X
Greg Petrossian, CedarBridge	X	Dino Puia, HIT PMO		Kate Steckowych, UConn	X
Melissa Balgley, CedarBridge	X			Marie Smith, UConn	X
Johanna Goderre, CedarBridge	X			Alan Fontes, UConn	X

Minutes		
	Agenda Topic	Notes
1.	Comments on 8/30/17 Minutes	The meeting summary from 8/30/17 was approved.
2.	Review Meeting Schedule	The Design Group meeting schedule was reviewed. There were no additional revisions leading up to the final recommendations to be delivered to the Health IT Advisory Council Meeting in October.
3.	Planning Framework	<p>Sustainability considerations were discussed as documenting value propositions of each use case to then be measured on an on-going basis to evaluate return on investment (ROI) and documented in the Implementation Advanced Planning Document Update (IAPD-U). It was asked that financial considerations should include the cost of services to health systems and providers after federal funding has been exhausted. It was discussed that although licensing costs may be free, entities leveraging HIE services will bear internal implementation and ongoing operational costs. It was emphasized that on-boarding services will be funded by the IAPD-U but does not cover system configuration costs. Pricing models could be evaluated based on metrics such as hospital beds and Per-Member-Per-Month (PMPM) payments. The definition of ROI was reviewed as not being purely financial, but measured on a return that may be in the form of qualitative measures like improved patient safety, quality, or provider satisfaction. This definition of ROI will be better suited for examining use cases they may not yield financial returns.</p> <p>The procurement timeline was reviewed, highlighting the convergence between the HIE Use Case Design Group (DG) and the</p>

**Health Information Exchange (HIE) Use Case Design Group
Meeting Minutes**

		<p>IAPD-U efforts. The IAPD-U narrative must include the technical architecture and framework of HIE use cases for funding.</p> <p>System components for each use case was reviewed. The effort to refine the best approach for procuring HIE architecture to support use cases will be spearheaded by the University of Connecticut (UConn) Procurement Team led by Alan Fontes.</p> <p>An illustration of HIE services was reviewed to portray how the proposed HIE and state-wide stakeholders will fit together. The hub services to connect the HIE to national networks was emphasized.</p> <p>A review of the “Top 10” list of use cases was summarized before reviewing each use case individually. It was discussed that the summary and recommendations do not preempt or preclude comments and revisions that will be made through this meeting.</p>
4.	Suggested Approaches for Use Cases	<p>The Electronic Clinical Quality Measures (eCQM) reporting system use case was reviewed. Additional work on business, financial, legal, and policy considerations was noted. The effort to procure an eCQM reporting system will be led by Alan Fontes, and necessary enabling services will be included in the IAPD-U. It was emphasized that the procurement of an eCQM reporting system will be funded through the SIM. The reviewed recommendations were accepted.</p> <p>The Immunization Information System (IIS) use case was reviewed. Combining efforts with the Department of Public Health (DPH) for writing the IIS portion of the IAPD-U was discussed. After funding is secured, the effort will move into procurement following the specific recommendations from the IIS DG. The reviewed recommendations were accepted.</p> <p>The Longitudinal Health Record (LHR) use case was discussed as being a foundational use case both by the DG and the Health IT Advisory Council. National health information exchange networks (e.g. CommonWell, CareQuality, eHealth Exchange) address aspects of the 21st Century Cures Act regarding interoperability of a LHR as foundational for value based care. Two approaches for establishing an LHR were discussed. The first is a centralized model employing a single clinical data repository with data feeds from all sources, supported by robust patient matching tools. The second is a federated model which queries appropriate systems “on demand” for patient records and compiles the data into a viewable format. It</p>

Health Information Exchange (HIE) Use Case Design Group Meeting Minutes

was proposed the LHR use case follow the federated approach to better leverage national networks and develop a provider portal for clinician and caregiver access. A sample Virginia HIE provider portal was shown. It was discussed that the LHR will be a foundational use case for some, but not all, use cases. This aspect raised further questions on costs to providers which will be gathered and summarized within the sustainability considerations. The reviewed recommendations were accepted.

The public health reporting use case was reviewed. The close connection between the public health reporting capability and the IIS was discussed. The public health reporting gateway was described as being the transport mechanism to the IIS. The APHL Informatics Messaging Service (AIMS) platform was discussed for potentially being leveraged for transporting syndromic surveillance, reportable labs and immunizations data to the DPH. Leveraging VPN connections with the DPH was discussed as providing an economy of scale. The cost for onboarding providers and technical assistance was proposed to be included in the IAPD-U. It was discussed that the public health reporting tool will be integrated with the IIS in order to avoid the need of disparate transport systems for every registry in the state. The reviewed recommendations were accepted.

The clinical encounter alerts use case was reviewed. It was proposed to further refine the business and technical requirements to assess existing Connecticut (CT) assets, specifically from the Connecticut Hospital Association (PatientPing) and Department of Social Services (Project Notify). The request for proposal (RFP) or request for information (RFI) process was recommended for this use case, with an initial focus on existing CT assets. The reviewed recommendations were accepted.

The image exchange use case was reviewed. It was described as supporting radiologist-to-radiologist and physician referral use cases. Information from New York eHealth Collaborative was reviewed, including their technical approach and value proposition. The reviewed recommendations were accepted.

The medication reconciliation use case was reviewed. It was discussed that the medication reconciliation issues are generally due to broken processes. Representatives from UConn Pharmacy confirmed this. A book titled Med Wreck was highlighted as a

Health Information Exchange (HIE) Use Case Design Group Meeting Minutes

resource to provide background on the issue. A big issue for medication reconciliation involves patients with multiple pharmacies, multiple prescribers, and are frequent users of Emergency Departments. A program to address process re-design was proposed. Appropriate supporting technology would be assessed once a re-designed process is established. It was discussed that the IAPD-U will include funding to support the process re-design program. The reviewed recommendations were accepted.

The Medical Orders for Life-Sustaining Treatment (MOLST) / advance directives use case was reviewed. The current MOLST program which was recently expanded statewide was discussed. The dependency on a physical, lime green form was highlighted as an opportunity to augment with technology solutions. The MOLST form was reviewed. Due to the current MOLST Task Force in place, it was recommended that further planning be coordinated with this group. It was also discussed that HIE services could initially focus on advance directives rather than MOLST. Currently 63% of the adult population does not have advance directives in place. The further assessment needed to address this use case result in this case being recommended for second wave. The reviewed recommendations were accepted.

The patient portal use case was reviewed. The necessity of a patient having multiple portals connected to multiple providers was discussed as being a barrier to providing consumer value. Further assessment of the business and functional requirements was proposed. The possibility of integrating the patient portal with the image exchange was also considered as an approach to eliminate the need of carrying physical copies of patient images. The capability to sharing patient intake form information was discussed as a potential value-added aspect of the patient portal. The reviewed recommendations were accepted.

The population health analytics use case was reviewed. It was proposed that further assessment is needed regarding requirements. The strategy would assess data sources and data structures, including the potential to leverage architecture and systems supporting eCQM reporting. It was emphasized that a holistic scan of state agencies would need to be done to integrate information currently gathered from forms and questionnaires already in place. The reviewed recommendations were accepted.

**Health Information Exchange (HIE) Use Case Design Group
Meeting Minutes**

5.	Preliminary Recommendations Discussions	<p>The summary of accepted wave one use cases was reviewed: eCQM reporting system, IIS, LHR, public health reporting, clinical encounter alerts, and image exchange.</p> <p>The summary of accepted wave two use cases was reviewed: medication reconciliation, MOLST/advance directives, patient portal, population health analytics.</p> <p>Slides regarding sequencing of the use cases, governance, HIE entity establishment, and core services roll out were reviewed. The iterative process of implementing wave one use cases during wave two planning for year one, implementing wave two use cases while planning wave three for year two was discussed.</p>
6.	Meeting Wrap-up and Next Steps	<p>Next steps to achieving a statewide HIE that leverages a network of networks was illustrated. There were no further comments and the meeting was concluded.</p>

Meeting Schedule: Wednesdays 2:30-4pm EDT from July 12 through October 11, 2017

Meeting information is located at: <http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council>